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2008

South Africa

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Table 1: Overview

Executive Summary

None uploaded.

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.

[X] Yes [ ] No

Description:

Please see updates to the South Africa Five-Year Strategy uploaded as a supporting document.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
SA Letter to the Ambassador.pdf	application/pdf	10/23/2007		akendall

Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$0
Does the USG assist GFATM proposal writing?	No
Does the USG participate on the CCM?	No

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	1,806,271			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	198,396	501,604	700,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	54,678	120,322	175,000

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		1,396,288	403,672	1,799,960
End of Plan Goal	2,500,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	979,807	403,672	1,383,479
***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	84,743	115,458	200,201
8.1 - Number of OVC served by OVC programs	0	416,481	0	416,481
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	777,763	1,258,237	2,036,000

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		213,388	166,612	380,000
End of Plan Goal	500,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	213,388	166,612	380,000

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	1,806,271			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	319,341	430,659	750,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	77,493	112,507	190,000
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Care (1)		1,689,416	583,284	2,272,700
End of Plan Goal	2,500,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,235,086	547,344	1,782,430
***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	93,244	146,756	240,000
8.1 - Number of OVC served by OVC programs	0	454,330	35,940	490,270
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,139,726	896,274	2,036,000
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Treatment		382,011	117,989	500,000
End of Plan Goal	500,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	382,011	117,989	500,000
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2787.08
System ID: 6447
Planned Funding($): $8,730,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Absolute Return for Kids
New Partner: No

Sub-Partner: Groutville Primary Healthcare Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Osizwini Primary Healthcare Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Nellies Primary Healthcare Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Ndwedwe Community Health Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Inanda A Community Health Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Isithebe Primary Healthcare Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8710.08
System ID: 8710
Planned Funding($): $522,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: LINKAGES

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2789.08
System ID: 6450
Planned Funding($): $1,750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6151.08
System ID: 6451
Planned Funding($): $3,880,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 397.08
System ID: 6453
Planned Funding($): $4,801,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Africa Center for Health and Population Studies
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7279.08
System ID: 7279
Planned Funding($): $977,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: African Medical and Research Foundation
New Partner: No

Sub-Partner: Lifeline Counseling Services
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Siyakhana Community Based Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Domestic Violence Unit
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Idutywa HIV Care & Information Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Willowvale AIDS Action Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Sinoborn Community Based Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Herschel Community Empowerment & Upliftment
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4626.08
System ID: 6454
Planned Funding($): $2,425,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: African Medical and Research Foundation
New Partner: No

Sub-Partner: Elandskraal Home-Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Itsoseng Youth Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Makuduthamakaga Home Based Care Umbrella Organisation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Nduma Drop in Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ubombo Drop in Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Masibambane
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: Ithembalesizwe Drop In Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Moutse Health Education Development and Information Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Dindela Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Lethuthando Home Based care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 167.08
System ID: 6455
Planned Funding($): $4,577,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Africare
New Partner: No

Sub-Partner: Health Information Systems Programme
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ncedeluntu
Planned Funding: $13,600

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Queenstown Rural Legal Resource Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Sinako
Planned Funding: $19,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: South African Depression and Anxiety Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9227.08
System ID: 9227
Planned Funding($): $459,684
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: AgriAIDS
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4628.08
System ID: 6456
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Sub-Partner: Emory University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety

Sub-Partner: American Red Cross

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9634.08
System ID: 9634
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Center for International Labor Solidarity
New Partner: No

Mechanism Name: Twinning Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2809.08
System ID: 6457
Planned Funding($): $780,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Voluntary HealthCare Corp
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of California, San Francisco School of Nursing
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Centre for Health Systems Research and Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4745.08
System ID: 6458
Planned Funding($): $1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Anglican Church of the Province of Southern Africa
New Partner: No

Mechanism Name: ASPH Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 227.08
System ID: 6459
Planned Funding($): $1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Schools of Public Health
New Partner: No

Sub-Partner: Harvard University School of Public Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 190.08
System ID: 6574
Planned Funding($): $20,038,700
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Aurum Health Research
New Partner: No

Sub-Partner: Toga Laboratories
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: S Buys Purchasing
Planned Funding: $3,597,830

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs
Sub-Partner:	Chris Hani Baragwanath Hospital
Planned Funding:	$306,271
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services
Sub-Partner:	Eastern Cape Department of Health
Planned Funding:	$173,993
Funding is TO BE DETERMINED:	No
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:	Faranani Health Solutions
Planned Funding:	$458
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Kimera Solutions
Planned Funding:	$35,225
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVTB - Palliative Care: TB/HIV, HTXS - ARV Services
Sub-Partner:	Metro Evangelical Services Impilo
Planned Funding:	$146,463
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXD - ARV Drugs
Sub-Partner:	Medical Research Council of South Africa
Planned Funding:	$607,754
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXD - ARV Drugs
Sub-Partner:	Re!Action Consulting
Planned Funding:	$293,876
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVCT - Counseling and Testing
Sub-Partner:	Kings View Clinic
Planned Funding:	$143,551
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Madwaleni
Planned Funding: $142,941
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Madwaleni Hospital
Planned Funding: $142,941
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name: AIDS Economic Impact Surveys

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 192.08
System ID: 6575
Planned Funding($): $650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Boston University
New Partner: No

Sub-Partner: Wits Health Consortium, Health Economics Research Unit
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 416.08
System ID: 6576
Planned Funding($): $19,988,700
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Broadreach
New Partner: No

Sub-Partner: Harvard University, Medical School - Division of AIDS
Planned Funding: $400,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Aid for AIDS
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4616.08
System ID: 6577
Planned Funding($): $2,904,195
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Sub-Partner: Tucker Strategy
Planned Funding: $287,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Muslim AIDS Program
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Gethsemane Health Care Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Goldfields Hospice Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Golden Gateway Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Hlokomelo Wa Heno
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9372.08
System ID: 9372
Planned Funding($): $2,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: CARE South Africa
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 418.08
System ID: 6578
Planned Funding($): $446,068
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: CARE USA
New Partner: No

Sub-Partner: Vongani Child and Youth Care Development Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: CHoiCe Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Nhlayiso Community Health and Counseling Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Civil Society
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Aganang Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Boikhucho Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: National Association of Persons Living with HIV/AIDS, South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ntsoanatsatsi Educare Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ramontshinyadi HIV/AIDS Youth Guide
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Anglican Church of South Africa/Mosamaria AIDS Ministry
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: GaManoke Home-Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Civil Society Development Initiatives
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Motswadibe Home-based Care Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Naledi Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9630.08
System ID: 9630
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Catholic Medical Mission Board
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2792.08
System ID: 6581
Planned Funding($): $7,563,740
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $158,203
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Institute for Youth Development
Planned Funding: $58,551
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: The Futures Group International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Children's AIDS Fund
Planned Funding: $72,550
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Constella Futures
Planned Funding: $37,472

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	3286.08	For ARV services (staffing, training, wellness, renovations etc.) that will need to be funded in the period between October 2007 and February 2008; current burn rate is $1.3 per month, and funds available will not last till the end of February 2008. Early funding requested from Track 1 funds.	$3,900,000	$4,372,523

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2790.08
System ID: 6580
Planned Funding($): $17,610,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Institute for Youth Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $362,086
Funding is TO BE DETERMINED: No
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: Children's AIDS Fund
Planned Funding: $166,048
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 512.08
System ID: 6584
Planned Funding($): $1,840,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Child Welfare South Africa
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7313.08
System ID: 7313
Planned Funding($): $410,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Childline Mpumalanga
New Partner: Yes

Mechanism Name: CINDI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4619.08
System ID: 6585
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Children in Distress
New Partner: No

Sub-Partner: Project Gateway
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: LifeLine PMB
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sinani Survivors of Violence programme
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Youth for Christ South Africa (YfC)
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2918.08
System ID: 6586
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Children's AIDS Fund
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4502.08
System ID: 6589
Planned Funding($): $4,446,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: United Nations Children's Fund
Planned Funding: $400,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Foundation for Professional Development
Planned Funding: $1,200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Nelson Mandela Bay Metro Municipality
Planned Funding: $900,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: University of Kwa Zulu Natal - Cato Manor
Planned Funding: $300,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Small Projects Foundation
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2797.08
System ID: 6587
Planned Funding($): $14,052,400
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: Ikhwezi Lokusa Wellness Centre
Planned Funding: $600,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Fort Hare University
Planned Funding: $900,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: National Health Laboratory Services
Planned Funding: $118,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Yale University, School of Medicine
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Health Information Systems Programme
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Disease Management System
Planned Funding: $150,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Mothers 2 Mothers
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	3318.08	For drug procurement of 2 NGO sites under the Track 1 program for existing patients (~2000), and new patients between October 2007 and February 2008.	$400,000	$1,067,000

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6156.08
System ID: 6590
Planned Funding($): $1,714,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: Lifeline & Rape Crisis Pietermaritzburg
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Youth for Christ - KwaZulu-Natal
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sinani - KwaZulu- Natal Programme for Survivors of Violence
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Project Gateway
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7285.08
System ID: 7285
Planned Funding($): $904,744
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Comforce
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2798.08
System ID: 6597
Planned Funding($): $1,300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: CompreCare
New Partner: No

Sub-Partner: Hospivision
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Child Welfare Tshwane
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: SA AIDS Conference

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 460.08
System ID: 6599
Planned Funding($): $25,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Dira Sengwe
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8682.08
System ID: 8682
Planned Funding($): $2,000,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Education Labour Relations Council
New Partner: No

Mechanism Name: track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2255.08
System ID: 6602
Planned Funding($): $5,283,351
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: AIDS Healthcare Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 193.08
System ID: 6600
Planned Funding($): $11,985,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: AIDS Healthcare Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Mechanism Name: ACQUIRE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 216.08
System ID: 6604
Planned Funding($): $1,825,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Engender Health
New Partner: No

Sub-Partner: Stellenbosch University, Center for Rural Health
Planned Funding: $27,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Northwest Network on Violence Against Women
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: University of the Western Cape
Planned Funding: $27,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Cape Peninsula University of Technology - Cape Town
Planned Funding: $27,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Pietermaritzburg Agency for Christian Awareness
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Township AIDS Project
Planned Funding: $35,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: University of Cape Town, Infectious Disease Unit
Planned Funding: $27,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Vuselela
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Personal Concepts Project
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Cape Peninsula University of Technology - Belleview Campus
Planned Funding: $27,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 218.08
System ID: 6588
Planned Funding($): $928,281
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CTR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 224.08
System ID: 6583
Planned Funding($): $3,201,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7338.08
System ID: 7338
Planned Funding($): $2,682,050
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International SA
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 226.08
System ID: 6591
Planned Funding($): $29,024,250
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Foundation for Professional Development
New Partner: No

Sub-Partner: Belfast ART Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Bopong Community Health Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Bokamoso
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Bophelong Community Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Bambanani ART Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Amogelang CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Dark City Community Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Fr Michael D'annucci Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Klipkruisfontein
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Ithemba Lokuphila
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Kamogelo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: George Masebe Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Kopano CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Groblersdal Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Kings Hope
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Dira-go-direge CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Fountain of Hope
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Hanyani CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Fhulufhelo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Motswedi
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Hope CCMT Clinic

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner:	Lethlabile Community Health
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner:	Masibambane
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVTB - Palliative Care: TB/HIV

Sub-Partner:	Mookgophong Wellness Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner:	Lesedi Counseling Centre
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner:	Moepathutse CCMT Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	Middleburg ART
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	Reholegile CCMT Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner:	Kalafong Immunology Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Ntshembo ART Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Mathibestad
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Phela o Phedishe Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Phuluso CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Nhlamulo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Mphebophelo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Refilwe CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Reakgona
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Stanza ART Clinic
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Tshepang
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Siyabuswa Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Tshedza CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Tshepong TB Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Reaphela CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Refentse CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Swaranang CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Thekganang Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Tshepo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Vutomi CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Takalaninarine CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Zithoben Community Health Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Xihlovo CCMT Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Warmbaths Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Tirisano Wellness Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Lesedi ART Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 463.08
System ID: 6593
Planned Funding($): $4,088,513
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Fresh Ministries
New Partner: No

Sub-Partner: Episcopal Diocese of Washington
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Church of the Southern Province of Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Church of the Province of Southern Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: NPI

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7568.08
System ID: 7568
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Genesis Trust
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Global HIV/AIDS Nursing Capacity Building Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4645.08
System ID: 6595
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Georgetown University
New Partner: No

Sub-Partner: University of Incarnate Word
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Association of Nurses in AIDS Care
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4747.08
System ID: 6598
Planned Funding($): $600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: GOLD Peer Education Development Agency
New Partner: No

Sub-Partner: Christian Assemblies Welfare Organisation
Planned Funding: $4,563
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Institute for Social Concerns
Planned Funding: $4,563
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: MaAfrika Tikkun
Planned Funding: $3,166
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Masoyi
Planned Funding: $3,865
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: OIL Reach Out Adolescent Training
Planned Funding: $3,865
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $16,434
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Uniting Christian Students Association
Planned Funding: $3,865
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Ukuthasa
Planned Funding: $4,563
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Youth for Christ - KwaZulu-Natal
Planned Funding: $2,468
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: New Day
Planned Funding: $21,429
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Sethani
Planned Funding: $3,937
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Youth for Christ - Knysna
Planned Funding: $4,733
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Youth for Christ - George
Planned Funding: $7,130
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Youth for Christ - Nelspruit
Planned Funding: $2,905
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: NOAH
Planned Funding: $3,936
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Club Coffee Bar Community Centre
Planned Funding: $3,864
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7311.08
System ID: 7311
Planned Funding($): $550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: GRIP Intervention
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7296.08
System ID: 7296
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hands at Work in Africa
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7297.08
System ID: 7297
Planned Funding($): $700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Health and Development Africa
New Partner: No

Mechanism Name: HPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 466.08
System ID: 7034
Planned Funding($): $3,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Health Policy Initiative
New Partner: No

Sub-Partner: University of Pretoria, Center for the Study of AIDS
Planned Funding: $95,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of Cape Town, Health Economics Unit
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Crossroads Baptist Church
Planned Funding: $7,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding: $158,203
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Positive Living Ambassadors
Planned Funding: $15,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4748.08
System ID: 6601
Planned Funding($): $850,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Health Science Academy
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7298.08
System ID: 7298
Planned Funding($): $750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Heartbeat
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2801.08
System ID: 6603
Planned Funding($): $6,159,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: HIVCARE
New Partner: No

Sub-Partner: Health Share
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs

Sub-Partner: Medicross Healthcare
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9629.08
System ID: 9629
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Hope Education
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2802.08
System ID: 6670
Planned Funding($): $1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope Worldwide South Africa
New Partner: No

Sub-Partner: Vuka
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Emthonjeni Peer Educators
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Boitshoko Home based Care
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Project Gateway
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2803.08
System ID: 6669
Planned Funding($): $5,141,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide South Africa
New Partner: No

Sub-Partner: Witwatersrand Hospice
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Children's HIV/AIDS Network
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Emthonjeni
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Vuka
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: LAMLA
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Gateway International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 478.08
System ID: 6613
Planned Funding($): $9,111,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hospice and Palliative Care Assn. Of South Africa
New Partner: No

Sub-Partner: Aids Care Training Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Breede River Hospice
Planned Funding: $27,627
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: St. Josephs Community Care Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: St. Lukes Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: St. Nicholas Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Stellenbsoch Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Sungardens Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Tapologo Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Transkei Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Verulam Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Viljoenskroon Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Wide Horizons
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Hospice Association Witwatersrand
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Zululand Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Brits Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Centurion Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Cotlands
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Drakenstein Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Estcourt Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Golden Gateway
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Goldfields Hospice Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Good Shephard Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Grahamstown Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Helderberg Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Highway Hospice

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	East Rand Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Hospice in the West
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Howick Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Khanya Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Knysna/Sedgefield Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Ladybrand Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Mzunduzi Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Naledi Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	North West Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	Rustenberg Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	South Coast Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	St. Bernards Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	St. Francis Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	Soweto Hospice
Planned Funding:	$300,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	St Nicholas Hospice
Planned Funding:	$500,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HSRC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2813.08
System ID: 6671
Planned Funding($): $5,321,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Human Science Research Council of South Africa
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4092.08
System ID: 7583
Planned Funding($): $0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Human Science Research Council of South Africa
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 479.08
System ID: 6672
Planned Funding($): $2,619,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Humana People to People in South Africa
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4749.08
System ID: 6676
Planned Funding($): $1,125,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Ingwavuma Orphan Care
New Partner: No

Sub-Partner: Lulisandla Kumntwana
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9633.08
System ID: 9633
Planned Funding($): $100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Institute for Youth Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9232.08
System ID: 9232
Planned Funding($): $1,700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International Organization for Migration
New Partner: Yes

Mechanism Name: ACCESS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 242.08
System ID: 6605
Planned Funding($): $6,232,250
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8708.08
System ID: 8708
Planned Funding($): $522,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO SA
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Safe Medical Practices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 249.08
System ID: 6667
Planned Funding($): $2,223,732
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Mindset Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Khomanani
Planned Funding: $85,714
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Free State Department of Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Gauteng Provincial Department of Health
Planned Funding: $128,571
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: North West Department of Health
Planned Funding: $91,429
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: eThekweni Municipality
Planned Funding: $285,714
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Eden District Municipality
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mpumalanga Department of Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9225.08
System ID: 9225
Planned Funding($): $4,753,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 328.08
System ID: 6668
Planned Funding($): $17,022,750
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: ABC Ulwazi
Planned Funding: $45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Church of the Province of Southern Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: National Department of Correctional Services, South Africa
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: DramAidE
Planned Funding: $1,375,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mindset Health
Planned Funding: $2,350,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: SABC Education
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Valley Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: University of Witwatersrand, School of Public Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: University of Kwazulu-Natal, Natal University for Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Pollution Environmental Community Development Energy and Resource Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Dance4Life
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: LifeLine Southern Africa

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner:	Lutheran Church Lighthouse Foundation
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner:	Lighthouse
Planned Funding:	$500,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Turntable Foundation
Planned Funding:	$250,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVCT - Counseling and Testing

Sub-Partner:	University of KwaZulu-Natal, Centre for Cultural and Media Studies
Planned Funding:	$100,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVSI - Strategic Information

Sub-Partner:	Winterveldt
Planned Funding:	$386,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	The Valley Trust
Planned Funding:	$735,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Sonke Gender Justice
Planned Funding:	$650,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Luncedo Lwesive
Planned Funding:	$55,750
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	Mothusimpilo
Planned Funding:	$625,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	LifeLine/ChildLine
Planned Funding:	$800,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	South African Broadcasting Corporation
Planned Funding:	$1,900,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Community Health Media Trust
Planned Funding:	$1,600,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Zimeleni
Planned Funding:	$65,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support

Sub-Partner:	Matchboxology
Planned Funding:	$650,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	Lesedi Lechabile
Planned Funding:	$575,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful

Sub-Partner:	University of the Witwatersrand, Media AIDS Project
Planned Funding:	$75,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVSI - Strategic Information

Sub-Partner:	University of the Witwatersrand, Media AIDS Project
Planned Funding:	$75,000
Funding is TO BE DETERMINED:	No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVSI - Strategic Information

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4640.08
System ID: 6673
Planned Funding($): $1,599,320
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Kagiso Media, South Africa
New Partner: No

Sub-Partner: Perinatal HIV Research Unit, South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Sonke Consulting
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Singisi Consulting
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4642.08
System ID: 6674
Planned Funding($): $1,800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Khulisa
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD- Quality Monitoring

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6874.08
System ID: 6874
Planned Funding($): $3,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Khulisa Management Services (Pty) Ltd
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4634.08
System ID: 6675
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kingdom Trust
New Partner: No

Mechanism Name: CARE UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2810.08
System ID: 6677
Planned Funding($): $550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Leonie Selvan
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9691.08
System ID: 9691
Planned Funding($): $750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Lifeline Mafikeng
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4753.08
System ID: 6678
Planned Funding($): $700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: LifeLine North West - Rustenburg Centre
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 481.08
System ID: 6679
Planned Funding($): $725,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Living Hope
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4751.08
System ID: 6680
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: L-Step
New Partner: No

Mechanism Name: Strengthening Pharmaceutical Systems

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 588.08
System ID: 6682
Planned Funding($): $5,412,600
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: University of Limpopo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	Medical Care Development International
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	University of Kwazulu-Natal, Natal University for Health
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	University of Port Elizabeth, South Africa
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Rhodes University
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	North West University, South Africa
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Free State University
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Faranani IT Services
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXD - ARV Drugs

Sub-Partner:	University of the North
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TASC2: Intergrated Primary Health Care Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 255.08
System ID: 6681
Planned Funding($): $2,849,250
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Ikhwezi Lomso
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Inkwanca HBC
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Maluti Skills
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Thibela Bolwetsi
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Winterveldt
Planned Funding: $38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Makotse
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Sizanani Home-Based Care
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sibambiseni
Planned Funding: $846,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Makhuduthamaga
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Lafata Home-Based Care
Planned Funding: $65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Bonukhanyo Youth Organization
Planned Funding: $80,520
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Ncedisizwe
Planned Funding: $66,250
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Direlang Project
Planned Funding: $78,160
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Botho Jwa Rona
Planned Funding: $93,375
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Mohlarekoma Home-Based Care
Planned Funding: $72,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Luncedo Lwesive
Planned Funding: $55,750
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Pholo Modi Wa Sechaba
Planned Funding: $68,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Masakhane Women's Org
Planned Funding: $62,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Khanyielani/NPAT
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Inkosinathi
Planned Funding: $118,550
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Thuthukani Home-Based Care
Planned Funding: $87,525
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: House of Hope Trust
Planned Funding: $91,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Rhodes University
Planned Funding: $28,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Zimeleni
Planned Funding: $65,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Progressive

Table 3.1: Funding Mechanisms and Source

Planned Funding: $61,870
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4625.08
System ID: 6683
Planned Funding($): $2,912,660
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: McCord Hospital
New Partner: No

Sub-Partner: eThekweni Municipality
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Hillcrest Aids Centre Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: KWEZI HIV/AIDS Ministry
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: CARE International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4624.08
System ID: 6685
Planned Funding($): $1,422,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Medical Care Development International
New Partner: No

Sub-Partner: The Valley Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: University of KwaZulu-Natal, Campus Law Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Triangle Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Cape Town Drug Counselling Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Lifeline - Durban
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: SANCA Lulama Treatment Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: OUT LGBT
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: National Association of people with AIDS, KZN Chapter
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 257.08
System ID: 6686
Planned Funding($): $11,211,394
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Medical Research Council of South Africa
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding: $1,050,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Life Esidimeni - Richmond
Planned Funding: $500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: World Vision South Africa
Planned Funding: $1,000,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXD - ARV Drugs, HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9382.08
System ID: 9382
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Medunsa University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8709.08
System ID: 8709
Planned Funding($): $1,022,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Montefiore Hospital
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4754.08
System ID: 6687
Planned Funding($): $6,775,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4755.08
System ID: 6688
Planned Funding($): $1,490,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mpilonhle
New Partner: No

Sub-Partner: Education Development Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Perlcom CC
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Partnership for Supply Chain Management
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

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

Mechanism Name: CARE UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7299.08
System ID: 7299
Planned Funding($): $220,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Muslim AIDS Program
New Partner: No

Mechanism Name: TBD Human Capacity Development (HCD)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4777.08
System ID: 6629
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	8270.08	Early funding is requested because the CDC funding opportunity announcement (FOA) was not published in time to make the awards in FY 07. The FOA is currently out and the application deadline is October 5th. Early funds are needed to ensure that these organizations receive their FY 07 funding and can continue to implement activities.	$500,000	$500,000

Mechanism Name: TBD Infant Feeding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5758.08
System ID: 6651
Planned Funding($): $350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD PHE USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9384.08
System ID: 9384
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD Public Private Partnership

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4871.08
System ID: 6659
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD Public Private Partnership USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9226.08
System ID: 9226
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD Supply Chain Management Systems Project (SCMS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5371.08
System ID: 7132
Planned Funding($): $6,976,952
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Treatment CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4641.08
System ID: 6662
Planned Funding($): $1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD-CT Multi-country CT PHE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6867.08
System ID: 6867
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD-MARPs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5678.08
System ID: 6763
Planned Funding($): $258,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Expansion of AB programs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7618.08
System ID: 7618
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Public Health Evaluations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7295.08
System ID: 7295
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD- DPLG

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6871.08
System ID: 6871
Planned Funding($): $2,425,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD Human Capacity Development (HCD)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7072.08
System ID: 7072
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD- MARPs/HTAs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6864.08
System ID: 6864
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Treatment USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4643.08
System ID: 6660
Planned Funding($): $1,089,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2312.08
System ID: 6689
Planned Funding($): $4,122,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: National Association of Childcare Workers
New Partner: No

Sub-Partner: Tlangelani Community Projects Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Holy Cross Children's Home
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Thandukuphila Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Asiphilenikahle Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Christian Social Council
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Far North Health Care Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Highveld Anglican Board for Social Responsibility
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Illinge Children's Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: James House
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: King Williams Town Child & Youth Care Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: MFESANE
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ubumbano Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Durbin Childrens Home
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sinozwelo Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ubuntu Abande Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Holy Cross Convent
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Khanyiselani Development Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Philani Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Zamimpilo Drop In Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Thembalethu CBO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Itembalesiswe Drop in centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Impendle Drop in Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sinamukela Development Project

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 489.08
System ID: 6690
Planned Funding($): $2,040,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Sub-Partner: South Africa Partners
Planned Funding: $600,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Justice Resource Institute Health
Planned Funding: $350,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 486.08
System ID: 6691
Planned Funding($): $1,940,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Department of Correctional Services, South Africa
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DoE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3462.08
System ID: 6692
Planned Funding($): $2,279,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: National Department of Education
New Partner: No

Sub-Partner: University of Zululand
Planned Funding: $82,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: University of the Western Cape
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: University of the Western Cape
Planned Funding: $230,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 492.08
System ID: 6695
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Department of Health, South Africa
New Partner: No

Sub-Partner: AIDS Sexuality and Health Youth Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Educational Support Services Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Theatre for Life Developing Resilient Youth
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: South African San Restitution
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: CDC Support - with CARE UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 500.08
System ID: 6698
Planned Funding($): $13,305,744
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Department of Health, South Africa
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	3046.08	Salaries, Travel and ongoing Contractual Services	$207,143	$1,568,323
07-HVTB	3045.08	Salaries, Travel and ongoing Contractual Services	$135,714	$3,654,550
13-HVSI	3044.08	Salaries, Travel and ongoing Contractual Services	$192,857	$3,213,058
01-MTCT	3564.08	Salaries, Travel and ongoing Contractual Services	$177,143	$1,475,813
02-HVAB	7966.08	Salaries, Travel and ongoing Contractual Services	$94,929	$1,036,000
11-HTXS	3282.08	Salaries, Travel and ongoing Contractual Services	$192,214	$873,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6777.08
System ID: 6777
Planned Funding($): $7,760,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Health Laboratory Services
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 262.08
System ID: 6700
Planned Funding($): $8,976,188
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Institute for Communicable Diseases
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9624.08
System ID: 9624
Planned Funding($): $281,957
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Nozizwe Consulting
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 504.08
System ID: 6754
Planned Funding($): $1,998,200
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Nurturing Orphans of AIDS for Humanity, South Africa
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6155.08
System ID: 6755
Planned Funding($): $6,335,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4132.08
System ID: 6756
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4756.08
System ID: 6757
Planned Funding($): $3,104,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: PATH
New Partner: No

Sub-Partner: Health Information Systems Programme
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: South Africa Partners
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9224.08
System ID: 9224
Planned Funding($): $1,700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PATH AIDSTAR
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7300.08
System ID: 7300
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: Yes

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 268.08
System ID: 6759
Planned Funding($): $3,958,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council SA
New Partner: No

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding: $165,363
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Tapologo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Medical Research Council of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7412.08
System ID: 7412
Planned Funding($): $700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council SA
New Partner: No

Sub-Partner: Tswaranang Legal Advocacy Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Mpumalanga Provincial Council of Churches
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Eastern Cape Provincial Council of Churches
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: PSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3509.08
System ID: 6607
Planned Funding($): $8,730,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Tucker Strategy
Planned Funding: $287,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Careworks
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Anglican Church of South Africa/Mosamaria AIDS Ministry
Planned Funding: $54,350
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: HIV Managed Care Solutions
Planned Funding: $1,000,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Wits Pediatric HIV Working Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Centre for Positive Care
Planned Funding: $83,060
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9229.08
System ID: 9229
Planned Funding($): $4,564,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4757.08
System ID: 6610
Planned Funding($): $950,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Support Association of Southern Africa
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5191.08
System ID: 6611
Planned Funding($): $24,550,610
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Reproductive Health Research Unit, South Africa
New Partner: No

Sub-Partner: Community AIDS Response
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Wits Pediatric HIV Working Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4094.08
System ID: 6664
Planned Funding($): $2,085,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Research Triangle Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 271.08
System ID: 6612
Planned Funding($): $36,760,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Right To Care, South Africa
New Partner: No

Sub-Partner: Refilwe Christian Clinic
Planned Funding: $837,385
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Community AIDS Response
Planned Funding: $947,460
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Nightingale Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Seboka Training and Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Friends for Life
Planned Funding: $58,154
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Ndlovu Medical Trust
Planned Funding: $2,621,272
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: Vuselela
Planned Funding: $46,154
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs:	HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner:	Thusong Private Practitioners Program
Planned Funding:	$1,275,065
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	The Valley Trust
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Center for Positive Care
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	National Institute for Community Development and Management
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Alexandra Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	South African Red Cross Society
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Heartlines
Planned Funding:	$1,700,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	ACTS Community Clinic
Planned Funding:	$855,100
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Alexander Forbes Health Management Services

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Reaphela CCMT Clinic
Planned Funding:	$837,385
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support
Sub-Partner:	Gauteng Provincial Department of Health
Planned Funding:	$837,385
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Masoyi
Planned Funding:	$36,923
Funding is TO BE DETERMINED:	No
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:	Northern Cape AIDS Forum
Planned Funding:	$46,154
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner:	Witkoppen Health & Welfare Centre (WHWC)
Planned Funding:	$766,043
Funding is TO BE DETERMINED:	No
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:	Clinical HIV Research Unit - Wits Health Consortium
Planned Funding:	$726,137
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Mpumalanga Department of Health
Planned Funding:	$1,181,492
Funding is TO BE DETERMINED:	No
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:	Northern Cape Department of Health
Planned Funding:	$1,459,456

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7301.08
System ID: 7301
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Right To Care, South Africa
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 507.08
System ID: 6614
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8707.08
System ID: 8707
Planned Funding($): $522,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 335.08
System ID: 6615
Planned Funding($): $1,950,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Salvation Army
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 509.08
System ID: 6616
Planned Funding($): $3,395,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Save the Children UK
New Partner: No

Sub-Partner: Centre for Positive Care
Planned Funding: $48,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: Care UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7315.08
System ID: 7315
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Scientific Medical Research
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4630.08
System ID: 6617
Planned Funding($): $1,300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Scripture Union
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4758.08
System ID: 6618
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Sekuhukune
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4759.08
System ID: 6619
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Senzakwenzeke
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 510.08
System ID: 6620
Planned Funding($): $7,275,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Soul City
New Partner: No

Sub-Partner: National Institute for Community Development and Management
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Valley Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Family and Marriage Association of South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Robin Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: TB Alliance DOTS Support Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Institute of Training and Education for Capacity Building
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: South African Red Cross Society
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: South African National Tutor Services
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Joint Education Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Seboka Training and Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Masibambane
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: River Queen-Ndzalama
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Namaqualand Business Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Alliance Against HIV/AIDS
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Community Skills Training College
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Dihlabeng Development Initiative Consortium
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HTXS - ARV Services

Sub-Partner: Ndzalama River Queen
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Marang Women in Agriculture and Development
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ubuhle Learning Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Cheshire Homes South Africa

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 511.08
System ID: 6621
Planned Funding($): $2,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: South Africa National Blood Service
New Partner: No

Mechanism Name: SANBS country buy-in

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6084.08
System ID: 6622
Planned Funding($): $485,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: South Africa National Blood Service
New Partner: No

Sub-Partner: Western Province Blood Transfusion Service
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMBL - Blood Safety

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7861.08
System ID: 7861
Planned Funding($): $3,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: South Africa National Defense Force, Military Health Service
New Partner: Yes

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	17720.08	These funds are requested to support patients on a NIAID clinical trail that is ending in early 2008. These patients will be transferred to the PEPFAR-funded program but will need early funding so as to not have a tratment interruption.	$2,000,000	$2,000,000
10-HTXD	17721.08	These funds are going to support patients that were on a NIAID clinical trail. The trial is ending in early 2008 so they will have to be transferred to the PEPFAR program at that time.	$1,000,000	$1,000,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8683.08
System ID: 8683
Planned Funding($): $2,350,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: South African Business Coalition on HIV and AIDS
New Partner: No

Mechanism Name: SACBC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4105.08
System ID: 6623
Planned Funding($): $2,525,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: South African Catholic Bishops Conference AIDS Office
New Partner: No

Sub-Partner: Catholic Institute of Education
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Kurisanani

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Inkanyezi Orange Farm
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	St Theresea's Children's Home
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Mercy - Winterveldt
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Sinosizo - Kokstad
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Sinosizo Durban
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Nightingale Hospice
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Sizanani - Nkandla
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Tsibogang
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: St Kizitos Bethlehem
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: St Josephs Ithuteng
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Vicariate of Ingwavuma
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: St. Philomena Catholic Hospital, Benin
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Batho Ba Lerato
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Diocese of Kroonstad
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Diocese of Witbank
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Centocow Mission
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Diocese of Aliwal OVC
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Dundee Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Good Shepherd Hebron
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Diocese of PE
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Tapologo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Centre for Informal Employment
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4632.08
System ID: 6624
Planned Funding($): $1,875,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: South African Clothing & Textile Workers' Union
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8681.08
System ID: 8681
Planned Funding($): $1,950,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: South African Democratic Teachers Union
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9228.08
System ID: 9228
Planned Funding($): $640,316
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: South African Institute of Health Care Managers
New Partner: Yes

Mechanism Name: Masibambisane 1

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 274.08
System ID: 6625
Planned Funding($): $950,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: South African Military Health Service
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4760.08
System ID: 6626
Planned Funding($): $2,745,100
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: St. Mary's Hospital
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 513.08
System ID: 6627
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Starfish
New Partner: No

Sub-Partner: Heartbeat
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Hands at Work in Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ikageng Itireleng
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6134.08
System ID: 6630
Planned Funding($): $2,259,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Toga Laboratories
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4761.08
System ID: 6631
Planned Funding($): $600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Training Institute for Primary Health Care
New Partner: No

Sub-Partner: Emthonjeni Peer Educators
Planned Funding: $37,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Emthonjeni
Planned Funding: $37,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8711.08
System ID: 8711
Planned Funding($): $2,477,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tshepang Trust
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6183.08
System ID: 6628
Planned Funding($): $3,135,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tuberculosis Care Association
New Partner: No

Sub-Partner: University of the Western Cape
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: University of Cape Town, Health Economics Unit
Planned Funding: $22,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: TB Alliance DOTS Support Association
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4762.08
System ID: 6632
Planned Funding($): $650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ubuntu Education Fund
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9649.08
System ID: 9649
Planned Funding($): $600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Kwazulu-Natal, Natal University for Health
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 519.08
System ID: 6633
Planned Funding($): $1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
New Partner: No

Sub-Partner: Ethekwini Traditional Healers Council
Planned Funding: $148,468
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: KwaZulu Natal Traditional Healers Council
Planned Funding: $148,468
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Mechanism Name: CAPRISA Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 520.08
System ID: 6634
Planned Funding($): $5,087,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS
New Partner: No

Sub-Partner: Open Door
Planned Funding: $526,021
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Grey Recruitment
Planned Funding: $32,829
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Lancet Laboratories
Planned Funding: $1,100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Targeted AIDS Initiative
Planned Funding: $409,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Nursing Services Agency
Planned Funding: $529,541
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Phumelela Business Consultants

Table 3.1: Funding Mechanisms and Source

Planned Funding: $87,929
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Malls
Planned Funding: $496,318
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9627.08
System ID: 9627
Planned Funding($): $150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center
New Partner: No

Mechanism Name: University of Pretoria - MRC Unit

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2823.08
System ID: 6635
Planned Funding($): $270,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Pretoria, South Africa
New Partner: No

Sub-Partner: Perlcom CC
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	3796.08	Early funding is requested because the CDC funding opportunity announcement (FOA) was not published in time to make the awards in FY 07. The FOA is currently out and the application deadline is October 5th. Early funds are needed to ensure that these organizations receive their FY 07 funding and can continue to implement activities.	$250,000	$270,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Desmond Tutu TB Centre

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4746.08
System ID: 6636
Planned Funding($): $1,988,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Stellenbosch, South Africa
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9625.08
System ID: 9625
Planned Funding($): $1,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of the Western Cape
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2808.08
System ID: 6637
Planned Funding($): $4,504,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: Owen Clinic, University of California San Diego
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: University of California at San Diego
Planned Funding: $600,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC VCT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4653.08
System ID: 6646
Planned Funding($): $1,940,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: EnCompass LLC
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Health System Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: QAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1201.08
System ID: 6639
Planned Funding($): $4,874,250
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: Bambisanane Home Based Care
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Phaphamani
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Amakhumbuza Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: St. Anthonys
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV

Mechanism Name: TB - TASC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1212.08
System ID: 6638
Planned Funding($): $5,407,750
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Sub-Partner: World Health Organization
Planned Funding: $750,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Foundation for Professional Development
Planned Funding: $200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Medical Research Council of South Africa
Planned Funding: $550,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Limpopo
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: University of Stellenbosch, South Africa
Planned Funding: $120,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: South African Medical Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Mechanism Name: Management 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1401.08
System ID: 6650
Planned Funding($): $10,366,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 429.08
System ID: 6765
Planned Funding($): $5,096,674
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Sub-Partner: National Institute for Communicable Diseases
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVMS - Management and Staffing

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	14337.08	Personnel	$2,874,000	$4,322,902

Mechanism Name: Management (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1070.08
System ID: 6661
Planned Funding($): $4,818,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3104.08	These funds are requested to cover 7 months of staff salaries as directed from CDC/GAP Atlanta.	$2,810,500	$4,818,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2931.08
System ID: 6663
Planned Funding($): $300,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Emergency Plan Secretariat

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1402.08
System ID: 6652
Planned Funding($): $1,021,300
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9386.08
System ID: 9386
Planned Funding($): $53,387
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Public Affairs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4021.08
System ID: 6654
Planned Funding($): $200,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Small Grants Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1235.08
System ID: 6653
Planned Funding($): $1,546,613
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1071.08
System ID: 6655
Planned Funding($): $863,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9626.08
System ID: 9626
Planned Funding($): $2,134,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Walter Sisulu University
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	7961.08	Early funding is requested because the CDC funding opportunity announcement (FOA) was not published in time to make the awards in FY 07. The FOA is currently out and the application deadline is October 5th. Early funds are needed to ensure that these organizations receive their FY 07 funding and can continue to implement activities.	$250,000	$679,000
07-HVTB	7962.08	Early funding is requested because the CDC funding opportunity announcement (FOA) was not published in time to make the awards in FY 07. The FOA is currently out and the application deadline is October 5th. Early funds are needed to ensure that these organizations receive their FY 07 funding and can continue to implement activities.	$50,000	$291,000
11-HTXS	7963.08	Early funding is requested because the CDC funding opportunity announcement (FOA) was not published in time to make the awards in FY 07. The FOA is currently out and the application deadline is October 5th. Early funds are needed to ensure that these organizations receive their FY 07 funding and can continue to implement activities.	$650,000	$1,164,000

Mechanism Name: CARE UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7316.08
System ID: 7316
Planned Funding($): $374,262
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Wits Health Consortium, NHLS
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PHRU

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1066.08
System ID: 6758
Planned Funding($): $22,961,750
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
New Partner: No

Sub-Partner: HIV South Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: University of Limpopo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Tintswalo Hospital - Rixile Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Zuzimpilo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Desmond Tutu HIV Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services

Sub-Partner: G F Jooste Hospital
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Tygerberg Hospital
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Westcoast Winelands
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	After Hours HIV/AIDS Clinic
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Stellenbosch Holistic Farms Project
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	Red Cross Childrens Hospital
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services
Sub-Partner:	CN Pathudi Hospital - Tzaneen
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HBHC - Basic Health Care and Support, HTXD - ARV Drugs, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name: World Vision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4103.08
System ID: 6647
Planned Funding($): $4,133,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Vision South Africa
New Partner: No

Sub-Partner: Christian AIDS Bureau for Southern Africa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4763.08
System ID: 6648
Planned Funding($): $3,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Xstrata Coal SA & Re-Action!
New Partner: No

Sub-Partner: Re!Action Consulting
Planned Funding: $900,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4644.08
System ID: 6649
Planned Funding($): $750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Youth for Christ South Africa (YfC)
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Groutville Primary Healthcare Clinic	N	$0
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Inanda A Community Health Care	N	$0
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Isithebe Primary Healthcare Clinic	N	$0
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Ndwedwe Community Health Care	N	$0
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Nellies Primary Healthcare Clinic	N	$0
2787.08	6447	Absolute Return for Kids	U.S. Agency for International Development	GHCS (State)	Osizwini Primary Healthcare Clinic	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Dindela Home Based Care	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Elandskraal Home-Based Care	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ithembalesizwe Drop In Center	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Itsoseng Youth Development	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Lethuthando Home Based care	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Makuduthamakaga Home Based Care Umbrella Organisation	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Masibambane	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moutse Health Education Development and Information Center	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nduma Drop in Centre	N	$0
4626.08	6454	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ubombo Drop in Centre	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Domestic Violence Unit	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Herschel Community Empowerment & Upliftment	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Idutywa HIV Care & Information Centre	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lifeline Counseling Services	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Planned Parenthood Association of South Africa	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinoborn Community Based Organization	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Siyakhana Community Based Organization	N	$0
7279.08	7279	African Medical and Research Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Willowvale AIDS Action Group	N	$0
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Information Systems Programme	N	$20,000
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ncedeluntu	N	$13,600
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Planned Parenthood Association of South Africa	N	$0
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Queenstown Rural Legal Resource Centre	N	$0
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinako	N	$19,200
167.08	6455	Africare	HHS/Centers for Disease Control & Prevention	GHCS (State)	South African Depression and Anxiety Group	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4628.08	6456	American Association of Blood Banks	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	American Red Cross	N	$0
4628.08	6456	American Association of Blood Banks	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Emory University	N	$0
2809.08	6457	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Centre for Health Systems Research and Development	N	$0
2809.08	6457	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Foundation for Professional Development	N	$80,000
2809.08	6457	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	University of California, San Francisco School of Nursing	N	$0
2809.08	6457	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Voluntary HealthCare Corp	N	$0
227.08	6459	Association of Schools of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Harvard University School of Public Health	N	$0
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chris Hani Baragwanath Hospital	N	$306,271
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Eastern Cape Department of Health	N	$173,993
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Faranani Health Solutions	N	$458
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kimera Solutions	N	$35,225
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kings View Clinic	N	$143,551
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Madwaleni	N	$142,941
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Madwaleni Hospital	N	$142,941
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medical Research Council of South Africa	N	$607,754
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Metro Evangelical Services Impilo	N	$146,463
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Re!Action Consulting	N	$293,876
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	S Buys Purchasing	N	$3,597,830
190.08	6574	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Toga Laboratories	N	$0
192.08	6575	Boston University	U.S. Agency for International Development	GHCS (State)	Wits Health Consortium, Health Economics Research Unit	N	$0
416.08	6576	Broadreach	U.S. Agency for International Development	GHCS (State)	Aid for AIDS	N	$0
416.08	6576	Broadreach	U.S. Agency for International Development	GHCS (State)	Harvard University, Medical School - Division of AIDS	N	$400,000
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gethsemane Health Care Centre	N	$0
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Golden Gateway Hospice	N	$0
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Goldfields Hospice Association	N	$0
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hlokomelo Wa Heno	N	$0
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Muslim AIDS Program	N	$100,000
4616.08	6577	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tucker Strategy	N	$287,000
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Aganang Home Based Care	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of South Africa/Mosamaria AIDS Ministry	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Boikhucho Home Based Care	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	CHoiCe Trust	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Civil Society	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Civil Society Development Initiatives	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	GaManoke Home-Based Care	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Motswadibe Home-based Care Group	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Naledi Hospice	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	National Association of Persons Living with HIV/AIDS, South Africa	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Nhlayiso Community Health and Counseling Centre	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Ntsoanatsatsi Educare Trust	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Ramontshinyadi HIV/AIDS Youth Guide	N	$0
418.08	6578	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Vongani Child and Youth Care Development Project	N	$0
2790.08	6580	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Children's AIDS Fund	N	$166,048
2790.08	6580	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Institute for Youth Development	N	$0
2790.08	6580	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	$362,086
2792.08	6581	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Children's AIDS Fund	N	$72,550
2792.08	6581	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Constella Futures	N	$37,472
2792.08	6581	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Institute for Youth Development	N	$58,551
2792.08	6581	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	$158,203
2792.08	6581	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	The Futures Group International	N	$0
4619.08	6585	Children in Distress	U.S. Agency for International Development	GHCS (State)	LifeLine PMB	N	$80,000
4619.08	6585	Children in Distress	U.S. Agency for International Development	GHCS (State)	Project Gateway	N	$0
4619.08	6585	Children in Distress	U.S. Agency for International Development	GHCS (State)	Sinani Survivors of Violence programme	N	$50,000
4619.08	6585	Children in Distress	U.S. Agency for International Development	GHCS (State)	Youth for Christ South Africa (YfC)	N	$100,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Disease Management System	N	$150,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fort Hare University	N	$900,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Information Systems Programme	N	$100,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ikhwezi Lokusa Wellness Centre	N	$600,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mothers 2 Mothers	N	$500,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Health Laboratory Services	N	$118,000
2797.08	6587	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Yale University, School of Medicine	N	$500,000
4502.08	6589	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Foundation for Professional Development	N	$1,200,000
4502.08	6589	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Nelson Mandela Bay Metro Municipality	N	$900,000
4502.08	6589	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Small Projects Foundation	N	$60,000
4502.08	6589	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	United Nations Children's Fund	N	$400,000
4502.08	6589	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	University of Kwa Zulu Natal - Cato Manor	N	$300,000
6156.08	6590	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	Lifeline & Rape Crisis Pietermaritzburg	N	$0
6156.08	6590	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	Project Gateway	N	$0
6156.08	6590	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	Sinani - KwaZulu- Natal Programme for Survivors of Violence	N	$0
6156.08	6590	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	Youth for Christ - KwaZulu-Natal	N	$0
2798.08	6597	CompreCare	U.S. Agency for International Development	GHCS (State)	Child Welfare Tshwane	N	$0
2798.08	6597	CompreCare	U.S. Agency for International Development	GHCS (State)	Hospivision	N	$500,000
193.08	6600	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Healthcare Foundation	N	$0
193.08	6600	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	McCord Hospital	N	$0
2255.08	6602	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	AIDS Healthcare Foundation	N	$0
2255.08	6602	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	McCord Hospital	N	$0
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Cape Peninsula University of Technology - Belleview Campus	N	$27,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Cape Peninsula University of Technology - Cape Town	N	$27,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Northwest Network on Violence Against Women	N	$0
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Personal Concepts Project	N	$25,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Pietermaritzburg Agency for Christian Awareness	N	$0
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Stellenbosch University, Center for Rural Health	N	$27,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Township AIDS Project	N	$35,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	University of Cape Town, Infectious Disease Unit	N	$27,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	$27,000
216.08	6604	Engender Health	U.S. Agency for International Development	GHCS (State)	Vuselela	N	$25,000
218.08	6588	Family Health International	U.S. Agency for International Development	Central GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Amogelang CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Bambanani ART Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Belfast ART Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Bokamoso	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Bophelong Community Center	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Bopong Community Health Centre	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Dark City Community Center	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Dira-go-direge CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Fhulufhelo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Fountain of Hope	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Fr Michael D'annucci Care	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	George Masebe Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Groblersdal Hospital	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Hanyani CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Hope CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Ithemba Lokuphila	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Kalafong Immunology Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Kamogelo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Kings Hope	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Klipkruisfontein	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Kopano CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Lesedi ART Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Lesedi Counseling Centre	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Lethlabile Community Health	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Masibambane	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Mathibestad	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Middleburg ART	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Moepathutse CCMT Clinic	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Mookgophong Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Motswedi	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Mphebophelo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Nhlamulo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Ntshembo ART Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Phela o Phedishe Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Phuluso CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Reakgona	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Reaphela CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Refentse CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Refilwe CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Reholegile CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Siyabuswa Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Stanza ART Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Swaranang CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Takalaninarine CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Thekganang Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Tirisano Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Tshedza CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Tshepang	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Tshepo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Tshepong TB Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Vutomi CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Warmbaths Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Wellness Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Xihlovo CCMT Clinic	N	$0
226.08	6591	Foundation for Professional Development	U.S. Agency for International Development	GHCS (State)	Zithoben Community Health Center	N	$0
463.08	6593	Fresh Ministries	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of the Province of Southern Africa	N	$0
463.08	6593	Fresh Ministries	U.S. Agency for International Development	Central GHCS (State)	Church of the Southern Province of Africa	N	$0
463.08	6593	Fresh Ministries	U.S. Agency for International Development	Central GHCS (State)	Episcopal Diocese of Washington	N	$0
4645.08	6595	Georgetown University	HHS/Health Resources Services Administration	GHCS (State)	Association of Nurses in AIDS Care	N	$250,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4645.08	6595	Georgetown University	HHS/Health Resources Services Administration	GHCS (State)	University of Incarnate Word	N	$100,000
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Christian Assemblies Welfare Organisation	N	$4,563
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Club Coffee Bar Community Centre	N	$3,864
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Institute for Social Concerns	N	$4,563
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	MaAfrika Tikkun	N	$3,166
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Masoyi	N	$3,865
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	New Day	N	$21,429
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	NOAH	N	$3,936
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	OIL Reach Out Adolescent Training	N	$3,865
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Planned Parenthood Association of South Africa	N	$16,434
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Sethani	N	$3,937
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Ukuthasa	N	$4,563
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Uniting Christian Students Association	N	$3,865
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Youth for Christ - George	N	$7,130
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Youth for Christ - Knysna	N	$4,733
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Youth for Christ - KwaZulu-Natal	N	$2,468
4747.08	6598	GOLD Peer Education Development Agency	U.S. Agency for International Development	GHCS (State)	Youth for Christ - Nelspruit	N	$2,905
466.08	7034	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	Crossroads Baptist Church	N	$7,000
466.08	7034	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	Positive Living Ambassadors	N	$15,000
466.08	7034	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	$158,203
466.08	7034	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	University of Cape Town, Health Economics Unit	N	$10,000
466.08	7034	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	University of Pretoria, Center for the Study of AIDS	N	$95,000
2801.08	6603	HIVCARE	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Share	N	$0
2801.08	6603	HIVCARE	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medicross Healthcare	N	$0
2802.08	6670	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Boitshoko Home based Care	N	$10,000
2802.08	6670	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Emthonjeni Peer Educators	N	$10,000
2802.08	6670	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Project Gateway	N	$0
2802.08	6670	Hope Worldwide South Africa	U.S. Agency for International Development	Central GHCS (State)	Vuka	N	$10,000
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	Children's HIV/AIDS Network	N	$50,000
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	Emthonjeni	N	$10,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	Gateway International	N	$0
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	LAMLA	N	$10,000
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	Vuka	N	$10,000
2803.08	6669	Hope Worldwide South Africa	U.S. Agency for International Development	GHCS (State)	Witwatersrand Hospice	N	$150,000
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Aids Care Training Centre	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Breede River Hospice	N	$27,627
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Brits Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Centurion Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cotlands	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Drakenstein Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	East Rand Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Estcourt Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Golden Gateway	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Goldfields Hospice Association	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Good Shephard Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Grahamstown Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Helderberg Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Highway Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice Association Witwatersrand	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice in the West	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Howick Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Khanya Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Knysna/Sedgefield Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Ladybrand Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Mzunduzi Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Naledi Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	North West Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Rustenberg Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	South Coast Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Soweto Hospice	N	$300,000
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St Nicholas Hospice	N	$500,000
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Bernards Hospice	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Francis Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Josephs Community Care Centre	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Lukes Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Nicholas Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Stellenbsoch Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Sungardens Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Tapologo Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Transkei Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Verulam Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Viljoenskroon Hospice	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Wide Horizons	N	$0
478.08	6613	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Zululand Hospice	N	$0
4749.08	6676	Ingwavuma Orphan Care	U.S. Agency for International Development	GHCS (State)	Lulisandla Kumntwana	N	$250,000
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Eden District Municipality	N	$0
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	eThekweni Municipality	N	$285,714
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Free State Department of Health	N	$0
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Gauteng Provincial Department of Health	N	$128,571
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Khomanani	N	$85,714
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Mindset Health	N	$0
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Mpumalanga Department of Health	N	$0
249.08	6667	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	North West Department of Health	N	$91,429
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	ABC Ulwazi	N	$45,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Anglican Church of the Province of Southern Africa	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Center for AIDS Development, Research, & Evaluation	N	$500,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Community Health Media Trust	N	$1,600,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Dance4Life	N	$500,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	DramAidE	N	$1,375,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Lesedi Lechabile	N	$575,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	LifeLine Southern Africa	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	LifeLine/ChildLine	N	$800,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Lighthouse	N	$500,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Luncedo Lwesive	N	$55,750
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Lutheran Church Lighthouse Foundation	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Matchboxology	N	$650,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Mindset Health	N	$2,350,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Mothusimpilo	N	$625,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	National Department of Correctional Services, South Africa	N	$100,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Pollution Environmental Community Development Energy and Resource Africa	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	SABC Education	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Sonke Gender Justice	N	$650,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	South African Broadcasting Corporation	N	$1,900,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	The Valley Trust	N	$735,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Turntable Foundation	N	$250,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of KwaZulu-Natal, Centre for Cultural and Media Studies	N	$100,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of Kwazulu-Natal, Natal University for Health	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of the Witwatersrand, Media AIDS Project	N	$75,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of the Witwatersrand, Media AIDS Project	N	$75,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of Witwatersrand, School of Public Health	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Valley Trust	N	$0
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Winterveldt	N	$386,000
328.08	6668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Zimeleni	N	$65,500
4640.08	6673	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Perinatal HIV Research Unit, South Africa	N	$0
4640.08	6673	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Singisi Consulting	N	$0
4640.08	6673	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sonke Consulting	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Bonukhanyo Youth Organization	N	$80,520
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Botho Jwa Rona	N	$93,375
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Direlang Project	N	$78,160

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	House of Hope Trust	N	$91,500
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ikhwezi Lomso	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Inkosinathi	N	$118,550
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Inkwanca HBC	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Khanyielani/NPAT	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Lafata Home-Based Care	N	$65,000
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Luncedo Lwesive	N	$55,750
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Makhuduthamaga	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Makotse	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Maluti Skills	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Masakhane Women's Org	N	$62,000
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Mohlarekoma Home-Based Care	N	$72,700
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ncedisizwe	N	$66,250
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Pholo Modi Wa Sechaba	N	$68,100
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Progressive	N	$61,870
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Rhodes University	N	$28,500
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Sibambiseni	N	$846,000
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Sizanani Home-Based Care	N	$60,000
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Thibela Bolwetsi	N	$0
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Thuthukani Home-Based Care	N	$87,525
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Winterveldt	N	$38,600
255.08	6681	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Zimeleni	N	$65,500
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Faranani IT Services	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Free State University	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Medical Care Development International	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	North West University, South Africa	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Rhodes University	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	University of Kwazulu-Natal, Natal University for Health	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	University of Limpopo	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	University of Port Elizabeth, South Africa	N	$0
588.08	6682	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	University of the North	N	$0
4625.08	6683	McCord Hospital	HHS/Centers for Disease Control & Prevention	GHCS (State)	CARE International	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4625.08	6683	McCord Hospital	HHS/Centers for Disease Control & Prevention	GHCS (State)	eThekweni Municipality	N	$0
4625.08	6683	McCord Hospital	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hillcrest Aids Centre Trust	N	$0
4625.08	6683	McCord Hospital	HHS/Centers for Disease Control & Prevention	GHCS (State)	KWEZI HIV/AIDS Ministry	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	Cape Town Drug Counselling Centre	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	Lifeline - Durban	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	National Association of people with AIDS, KZN Chapter	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	OUT LGBT	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	SANCA Lulama Treatment Centre	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	The Valley Trust	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	Triangle Project	N	$0
4624.08	6685	Medical Care Development International	U.S. Agency for International Development	GHCS (State)	University of KwaZulu-Natal, Campus Law Clinic	N	$0
257.08	6686	Medical Research Council of South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Foundation for Professional Development	N	$1,050,000
257.08	6686	Medical Research Council of South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Life Esidimeni - Richmond	N	$500,000
257.08	6686	Medical Research Council of South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	World Vision South Africa	N	$1,000,000
4755.08	6688	Mpilonhle	U.S. Agency for International Development	GHCS (State)	Education Development Center	N	$0
4755.08	6688	Mpilonhle	U.S. Agency for International Development	GHCS (State)	Partnership for Supply Chain Management	N	$0
4755.08	6688	Mpilonhle	U.S. Agency for International Development	GHCS (State)	Perlcom CC	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Asiphilenikahle Home Based Care	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Christian Social Council	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Durbin Childrens Home	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Far North Health Care Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Highveld Anglican Board for Social Responsibility	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Holy Cross Children's Home	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Holy Cross Convent	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Illinge Children's Project	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Impendle Drop in Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Itembalesiswe Drop in centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	James House	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Khanyiselani Development Trust	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	King Williams Town Child & Youth Care Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	MFESANE	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Philani Drop In Centre	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Sinamukela Development Project	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Sinozwelo Drop In Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Thandukuphila Drop In Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Thembalethu CBO	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Tlangelani Community Projects Development Organization	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Ubumbano Drop In Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Ubuntu Abande Drop In Centre	N	$0
2312.08	6689	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Zamimpilo Drop In Centre	N	$0
489.08	6690	National Association of State and Territorial AIDS Directors	HHS/Centers for Disease Control & Prevention	GHCS (State)	Justice Resource Institute Health	N	$350,000
489.08	6690	National Association of State and Territorial AIDS Directors	HHS/Centers for Disease Control & Prevention	GHCS (State)	South Africa Partners	N	$600,000
3462.08	6692	National Department of Education	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	$80,000
3462.08	6692	National Department of Education	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	$230,000
3462.08	6692	National Department of Education	U.S. Agency for International Development	GHCS (State)	University of Zululand	N	$82,500
492.08	6695	National Department of Health, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Sexuality and Health Youth Organization	N	$0
492.08	6695	National Department of Health, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Educational Support Services Trust	N	$0
492.08	6695	National Department of Health, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	South African San Restitution	N	$0
492.08	6695	National Department of Health, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Theatre for Life Developing Resilient Youth	N	$0
262.08	6700	National Institute for Communicable Diseases	HHS/Centers for Disease Control & Prevention	GHCS (State)	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	N	$0
262.08	6700	National Institute for Communicable Diseases	HHS/Centers for Disease Control & Prevention	GHCS (State)	Foundation for Professional Development	N	$0
4756.08	6757	PATH	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Information Systems Programme	N	$0
4756.08	6757	PATH	HHS/Centers for Disease Control & Prevention	GHCS (State)	South Africa Partners	N	$0
7300.08	7300	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Planned Parenthood Association of South Africa	N	$0
268.08	6759	Population Council SA	U.S. Agency for International Development	GHCS (State)	Medical Research Council of South Africa	N	$0
268.08	6759	Population Council SA	U.S. Agency for International Development	GHCS (State)	Rural AIDS Development and Action Research Center	N	$165,363
268.08	6759	Population Council SA	U.S. Agency for International Development	GHCS (State)	Tapologo	N	$0
7412.08	7412	Population Council SA	U.S. Agency for International Development	GHCS (State)	Eastern Cape Provincial Council of Churches	N	$0
7412.08	7412	Population Council SA	U.S. Agency for International Development	GHCS (State)	Mpumalanga Provincial Council of Churches	N	$0
7412.08	7412	Population Council SA	U.S. Agency for International Development	GHCS (State)	Tswaranang Legal Advocacy Centre	N	$0
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Anglican Church of South Africa/Mosamaria AIDS Ministry	N	$54,350
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Careworks	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Positive Care	N	$83,060
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	HIV Managed Care Solutions	N	$1,000,000
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tucker Strategy	N	$287,000
3509.08	6607	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Wits Pediatric HIV Working Group	N	$0
5191.08	6611	Reproductive Health Research Unit, South Africa	U.S. Agency for International Development	GHCS (State)	Community AIDS Response	N	$0
5191.08	6611	Reproductive Health Research Unit, South Africa	U.S. Agency for International Development	GHCS (State)	Wits Pediatric HIV Working Group	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	ACTS Community Clinic	N	$855,100
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Alexander Forbes Health Management Services	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Alexandra Clinic	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Center for Positive Care	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Clinical HIV Research Unit - Wits Health Consortium	N	$726,137
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Community AIDS Response	N	$947,460
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Friends for Life	N	$58,154
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Gauteng Provincial Department of Health	N	$837,385
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Heartlines	N	$1,700,000
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Masoyi	N	$36,923
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Mpumalanga Department of Health	N	$1,181,492
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	National Institute for Community Development and Management	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Ndlovu Medical Trust	N	$2,621,272
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Nightingale Hospice	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Northern Cape AIDS Forum	N	$46,154
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Northern Cape Department of Health	N	$1,459,456
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Reaphela CCMT Clinic	N	$837,385
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Refilwe Christian Clinic	N	$837,385
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Seboka Training and Development	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	South African Red Cross Society	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	The Valley Trust	N	$0
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Thusong Private Practitioners Program	N	$1,275,065
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Vuselela	N	$46,154
271.08	6612	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Witkoppen Health & Welfare Centre (WHWC)	N	$766,043
509.08	6616	Save the Children UK	U.S. Agency for International Development	GHCS (State)	Centre for Positive Care	N	$48,000
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Alliance Against HIV/AIDS	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cheshire Homes South Africa	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Community Skills Training College	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dihlabeng Development Initiative Consortium	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Family and Marriage Association of South Africa	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Institute of Training and Education for Capacity Building	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Joint Education Project	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Marang Women in Agriculture and Development	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Masibambane	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Namaqualand Business Development	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Institute for Community Development and Management	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ndzalama River Queen	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Planned Parenthood Association of South Africa	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	River Queen-Ndzalama	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Robin Trust	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Seboka Training and Development	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	South African National Tutor Services	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	South African Red Cross Society	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	TB Alliance DOTS Support Association	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ubuhle Learning Centre	N	$0
510.08	6620	Soul City	HHS/Centers for Disease Control & Prevention	GHCS (State)	Valley Trust	N	$0
6084.08	6622	South Africa National Blood Service	HHS/Centers for Disease Control & Prevention	GHCS (State)	Western Province Blood Transfusion Service	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Batho Ba Lerato	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Institute of Education	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centocow Mission	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Informal Employment	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Aliwal OVC	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Kroonstad	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of PE	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Witbank	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dundee Diocese	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Good Shepherd Hebron	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Inkanyezi Orange Farm	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kurisanani	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mercy - Winterveldt	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nightingale Hospice	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinosizo - Kokstad	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinosizo Durban	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sizanani - Nkandla	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Josephs Ithuteng	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Kizitos Bethlehem	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Theresea's Children's Home	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St. Philomena Catholic Hospital, Benin	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tapologo	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tsibogang	N	$0
4105.08	6623	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vicariate of Ingwavuma	N	$0
513.08	6627	Starfish	U.S. Agency for International Development	GHCS (State)	Hands at Work in Africa	N	$0
513.08	6627	Starfish	U.S. Agency for International Development	GHCS (State)	Heartbeat	N	$0
513.08	6627	Starfish	U.S. Agency for International Development	GHCS (State)	Ikageng Itireleng	N	$0
4761.08	6631	Training Institute for Primary Health Care	U.S. Agency for International Development	GHCS (State)	Emthonjeni	N	$37,500
4761.08	6631	Training Institute for Primary Health Care	U.S. Agency for International Development	GHCS (State)	Emthonjeni Peer Educators	N	$37,500
6183.08	6628	Tuberculosis Care Association	HHS/Centers for Disease Control & Prevention	GHCS (State)	TB Alliance DOTS Support Association	N	$10,000
6183.08	6628	Tuberculosis Care Association	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Cape Town, Health Economics Unit	N	$22,400
6183.08	6628	Tuberculosis Care Association	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of the Western Cape	N	$50,000
519.08	6633	University of KwaZulu-Natal, Nelson Mandela School of Medicine	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ethekwini Traditional Healers Council	N	$148,468
519.08	6633	University of KwaZulu-Natal, Nelson Mandela School of Medicine	HHS/Centers for Disease Control & Prevention	GHCS (State)	KwaZulu Natal Traditional Healers Council	N	$148,468
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Grey Recruitment	N	$32,829
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lancet Laboratories	N	$1,100,000
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Malls	N	$496,318

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nursing Services Agency	N	$529,541
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Open Door	N	$526,021
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Phumelela Business Consultants	N	$87,929
520.08	6634	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	HHS/Centers for Disease Control & Prevention	GHCS (State)	Targeted AIDS Initiative	N	$409,200
2823.08	6635	University of Pretoria, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Perlcom CC	N	$0
2808.08	6637	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Owen Clinic, University of California San Diego	N	$20,000
2808.08	6637	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of California at San Diego	N	$600,000
1201.08	6639	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Amakhumbuza Home Based Care	N	$0
1201.08	6639	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Bambisanane Home Based Care	N	$100,000
1201.08	6639	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Phaphamani	N	$100,000
1201.08	6639	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	St. Anthonys	N	$0
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Foundation for Professional Development	N	$200,000
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Medical Research Council of South Africa	N	$550,000
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	South African Medical Association	N	$0
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	University of Limpopo	N	$80,000
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	University of Stellenbosch, South Africa	N	$120,000
1212.08	6638	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	World Health Organization	N	$750,000
4653.08	6646	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	EnCompass LLC	N	$0
4653.08	6646	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health System Trust	N	$0
429.08	6765	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Institute for Communicable Diseases	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	After Hours HIV/AIDS Clinic	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	CN Pathudi Hospital - Tzaneen	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Desmond Tutu HIV Foundation	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	G F Jooste Hospital	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	HIV South Africa	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Red Cross Childrens Hospital	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Rural AIDS Development and Action Research Center	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Stellenbosch Holistic Farms Project	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Tintswalo Hospital - Rixile Clinic	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Tygerberg Hospital	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	University of Limpopo	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Westcoast Winelands	N	$0
1066.08	6758	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Zuzimpilo	N	$0
4103.08	6647	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Christian AIDS Bureau for Southern Africa	N	$0
4763.08	6648	Xstrata Coal SA & Re-Action!	HHS/Centers for Disease Control & Prevention	GHCS (State)	Re!Action Consulting	N	$900,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $35,365,719

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$396,500
Estimated PEPFAR dollars spent on food	$435,000
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

As of July 2007, there were 3,650 facilities offering PMTCT services in South Africa. PMTCT service delivery is available at 100% of hospitals and in more than 85% of clinics, community health centers and mobile clinics. Service delivery is accessible to all pregnant women, if not at the service point than via referral to a nearby facility. The PMTCT program is in its final stage of expansion. However, many of the challenges that existed in the pilot phase of implementation still plague the program.

Although coverage of PMTCT services is extensive, the number of women needing PMTCT is staggering. The latest Antenatal Survey indicates that the national HIV prevalence among pregnant women is 29.1%. Despite a slight decrease in the antenatal prevalence from 2005, approximately 290,000 babies are being born to HIV-infected women annually. Furthermore, this means that an estimated 290,000 women need PMTCT services annually. While quality data on PMTCT access from the National Department of Health (NDOH) is not readily available, all indications are that the need far outweighs availability. Thus supporting PMTCT is a priority for USG assistance. Since the beginning of PEPFAR, PMTCT funding has contributed to the rapid expansion of PMTCT services. The USG strategy has been to support the NDOH by supporting a range of PMTCT partners that work directly at the facility level to facilitate the implementation of the PMTCT program. In addition, technical assistance has been provided directly to the NDOH in the form of two Centers for Disease Control and Prevention (CDC) technical advisors. Technical assistance has been in the area of policy development and implementation, capacity-building, implementation of early infant diagnosis, and integration of PMTCT into existing Maternal Child and Women's Health services. Despite the large number of PMTCT partners and the large number of PEPFAR-supported PMTCT service points, the national trend indicates that at best, 50-55% of pregnant women agree to be tested, and of those that test positive only 35% receive nevirapine. Unfortunately, this means that the majority of women are being missed at entry into the program. In addition, the USG PMTCT strategy has been heavily focused on capacity building. To address this trend, and to ensure that there is greater geographical support for the national PMTCT program, the NDOH, together with CDC and UNICEF, is engaged in a stakeholder analysis. This analysis will map all PMTCT stakeholder activities, identify gaps and overlaps in technical assistance, and will provide recommendations to ensure better coordination between stakeholders. In addition, during early FY 2008, the PEPFAR PMTCT program will be reviewed and recommendations will be incorporated in implementation for the upcoming financial year. This will provide strategic direction to both the national PMTCT program and the PEPFAR PMTCT program.

In FY 2008, the PEPFAR PMTCT program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps in service delivery. These include ongoing support and supervision for health care providers and community health care workers; the promotion of provider-initiated counseling and testing, providing follow-up for mother-baby pairs post delivery, quality improvement, ensuring integration of PMTCT into maternal, child and women's health services, community outreach and referral into wellness and treatment programs for HIV-infected mothers and exposed infants, and scale-up of early infant diagnosis services. All PMTCT PEPFAR partners will meet with the NDOH quarterly to ensure that these objectives are being met. The quarterly meeting will provide an opportunity for partners to share lessons learned and to prevent the duplication of tool and curriculum development. In addition, the quarterly forum will ensure greater coordination between partners and government.

In July 2007, the NDOH announced the long-awaited policy shift from the provision of single dose nevirapine to dual therapy for all HIV-infected pregnant women. To this end, the primary objective for FY 2008 will be to ensure finalization of policy and guideline development, updating health care workers, and providing site specific support to ensure readiness and implementation of the new PMTCT policy. To date, a National PMTCT Policy Task Team, consisting of CDC, UNICEF, The Child Health Institute at the University of the Western Cape, and the NDOH has been working on the development and finalization of the policy guidelines, updating the national NDOH PMTCT and Infant Feeding Training Curriculum, and assisting provincial PMTCT managers in budgeting and planning for the implementation of dual therapy. Based on the progress of this task team, it is anticipated that the first 6 months of FY 2008 will be spent preparing for implementation, with a few facilities/partners per province implementing the dual therapy regimen. Rollout will begin during the second half of FY 2008. PEPFAR partners will play a key role in facilitating readiness for implementation by providing ongoing assistance to the provincial and local health structures to address operational challenges; ensuring all health care workers receive the necessary policy updates and training; and strengthening linkages between antenatal care and HIV service delivery as well as social services. Activities in FY 2008 will ensure better coordination with the NDOH, particularly around capacity building and training. A large number of partners are engaged in training activities, however, at the request of the NDOH, and in an attempt to standardize training initiatives; all partners will work with the NDOH curriculum. In addition, at the community level, the program will create increased awareness and demand for quality PMTCT service delivery. Activities targeting cultural attitudes to mixed feeding, male involvement in PMTCT and increasing uptake of services will also be supported.

The SAG is currently revising both the adult treatment and PMTCT guidelines with expected implementation in the second half of 2008. Both of these will provide for treatment initiation at a CD4 level <350. This would have significant impact on targets in both ARV services and PMTCT. However, until such time as these revised guidelines are officially launched, the targets remain as is. In the future, targets in these program areas may have to be revised.

In FY 2008, the USG PEPFAR team will work with the NDOH to strengthen monitoring and evaluation systems. Based on the new PMTCT policies (provider-initiated counseling and testing and dual therapy), the South African USG team is optimistic that there will be an increase in the uptake of PMTCT services and a decrease the rate of vertical transmission.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1072
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	319341
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	77493

1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	6363

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	2789.08	**Mechanism:**	LINKAGES
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3285.08	**Planned Funds:**	$1,750,000
Activity System ID:	13361		

Activity Narrative: SUMMARY:

AED will use FY 2008 PEPFAR funding to continue to support integration of maternal nutrition and Infant and Young Child Feeding (IYCF) in the context of HIV policy into healthcare and community services through three components: training of healthcare providers and community health workers from all nine provinces; assistance for implementation of integrated IYCF and PMTCT model in two districts of KwaZulu-Natal and one district each in North West, Mpumalanga and Eastern Cape; and support to enhance public awareness of the importance of maternal nutrition and IYCF in PMTCT.

BACKGROUND:

This is an ongoing AED project, initiated in FY 2004 with PEPFAR funding. The first activity was development of guidelines on nutrition for pregnant and lactating women and IYCF in the context of HIV and AIDS. AED has been working in collaboration with the South African National Department of Health (NDOH) nutrition directorate and local NGOs to build health workers' capacity to integrate maternal nutrition and IYCF into existing healthcare and community services based on these guidelines. This will continue with FY 2008 funding. In addition, AED will continue to support efforts to enhance public awareness of the importance of improved nutrition for HIV-infected women in general and pregnant and lactating women in particular, as well as the importance of IYCF counseling as an aspect of PMTCT. Furthermore, AED will provide technical assistance to the National, Provincial and District Departments of Health and selected NGOs and FBOs to enhance male involvement to address gender issues in PMTCT. AED will also provide technical assistance to ensure sustainability through continuing support and monitoring of PMTCT data. AED will also provide technical assistance to provincial DOH staff to encourage expansion to other sub-districts in the provinces and promote greater sustainability.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance to NDOH, NGOs and FBOs

Building on the development of Maternal Nutrition Guidelines in collaboration with the NDOH, further technical assistance will be provided to National, Provincial and District Departments of Health and selected NGOs and FBOs. This technical assistance will increase Human Capacity Development (HCD) by training health workers to integrate counseling on maternal nutrition and IYCF in the context of HIV into existing healthcare and community services. AED will provide technical assistance to the targeted provincial Departments of Health in the implementation of the guidelines. In addition, following earlier successful training of lecturers from universities and schools of nursing in the integrated model, AED will provide technical assistance to develop capacity to include the integrated program into existing professional development curricula of nurses and dieticians' pre-service orientation. Additional trainers from these institutions in the nine provinces will be trained at the national level as well as provincial level in Gauteng, Limpopo, Northern Cape, Western Cape and Free State provinces. Healthcare providers from each of the five target provinces will be trained to provide direct integrated services to clients in their respective districts. Policies and guidelines on pregnant and lactating mothers and IYCF in the context of HIV will continue to be disseminated and implemented. Technical assistance will continue to be provided to Mpumalanga, Eastern Cape and North West provinces to conduct needs assessments at clinics and community services in three sub-districts, and will be followed by mentorship and supervision in view of implementing integrated PMTCT and nutrition for pregnant and lactating women and IYCF into service outlets. Facilities where AED is currently working will continue to receive support, mentorship and in-service training around issues not fully addressed during the initial implementation of the program, such as stigma and family planning. Program managers working with women and children (on integrated management of childhood illnesses, PMTCT, CT, Maternal, Child and Women's Health, and Health Promotion) will be mobilized on the promotion of the Baby Friendly Community Initiative in the context of HIV.

ACTIVITY 2: Quality Assurance

Building on the activities of FY 2006 and 2007 in the four sub-districts (Kagisano Molopo, North West; Qaukeni, Eastern Cape; Umzumbe, KwaZulu-Natal; and Kabokweni, Mpumalanga), AED will support existing facilities to increase the provision of quality care by supporting the provision of refresher courses for performance and quality improvement in the integration of nutrition to the basic PMTCT package. AED will provide technical assistance for the integration of safe-feeding practices in PMTCT into antenatal, labor and delivery practices, as well as post-natal care. Quality assurance and supervision will be provided using the trained Baby Friendly Hospital Initiative assessors to conduct internal and external assessments.

ACTIVITY 3: Family-Centered Community Care

Technical assistance will be provided to three sub-districts to implement the "Family-Centered Community Care" approach, with clear follow-up and referral system for mothers and infants. CBOs, NGOs and FBOs will contribute to community mobilization. Technical assistance will be provided to health care workers and community volunteers to address stigma and discrimination, including gender issues. In addition, key community members, leaders, and religious leaders will be trained to organize behavior change communication activities on male involvement and people living with HIV in each of the three target facilities. AED will support development of linkages and referrals to existing services such as family planning, TB treatment, and care and support for HIV-infected mothers and families. AED will strengthen linkages between facility interventions and community services for follow-up, couple counseling, family-based counseling and testing, specifically involving men in PMTCT activities, and will also encourage and facilitate public-private partnerships.

ACTIVITY 4: Integrated IYCF/PMTCT expansion to Northern Cape

With FY 2007 funding, AED expanded to the Northern Cape Province. FY 2008 funding will be used to continue activities with FHI and JPHEIGO to harmonize the PMTCT provincial guidelines and monitoring systems. FY 2008 funding will be used for expansion of the integrated IYCF/PMTCT model in the Western Cape, Gauteng, Limpopo and Free State provinces.

ACTIVITY 5: Expansion

Activity Narrative:

FY 2008 funds will continue to support the roll-out of and training on the new NDOH PMTCT guidelines with the integration of maternal nutrition and Infant and Young Child Feeding practices. This will include capacity development of non-governmental organizations and community health care workers in existing provinces so they will be able to play a key role in achieving project targets, strengthening referrals and linkages, and improving monitoring and evaluation to ensure program sustainability within the selected provinces. Funds also will be used to expand the program by providing onsite support to other service outlets within the existing districts. In the existing districts, FY 2008 activities will include emphasis/addition of HIV counseling and testing and ARV prophylaxis in the integrated training on maternal nutrition and IYCF in the context of PMTCT. This will be based on the national PMTCT guidelines, in line with the National HIV and AIDS Strategic Plan.

These activities will directly contribute to the seven million infections averted component of the 2-7-10 objective of PEPFAR by training additional health workers on safe infant feeding practices, hence reducing the risk of transmission via mixed feeding. AED will contribute to the PEPFAR vision outlined in the five-year strategy for South Africa by expanding access to PMTCT services and by improving PMTCT related counseling of mothers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7508

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22561	3285.22561.09	U.S. Agency for International Development	Academy for Educational Development	9723	2789.09	Capable Partners	$1,699,083
7508	3285.07	U.S. Agency for International Development	Academy for Educational Development	4447	2789.07	LINKAGES	$1,275,000
3285	3285.06	U.S. Agency for International Development	Academy for Educational Development	2789	2789.06	LINKAGES	$620,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	7,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	35,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	332	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	600	False

Indirect Targets

Through the newly trained health care workers in FY 2008, AED will be able to provide support to about 1400 active carers in the field, therefore indirectly having an impact on PMTCT service delivery. The organization expects that each of these care providers will reach at least 25 pregnant and lactating women in their areas and encourage them to be counseled and tested for PMTCT and receive their results. The community health workers trained will actively refer clients to health facility providing PMTCT services.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 397.08

Mechanism: N/A

Prime Partner: Africa Center for Health and Population Studies

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 7914.08

Planned Funds: $339,500

Activity System ID: 13367

Activity Narrative: SUMMARY:

The Africa Centre for Health and Population Studies, in partnership with the Hlabisa Department of Health (DOH), based in Hlabisa Health District in rural KwaZulu-Natal, operates the Hlabisa antiretroviral treatment (ART) program and aims to deliver safe, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa district. The program emphasizes integration of the government Prevention of Mother-to-Child Transmission (PMTCT) Program and Antiretroviral Treatment (ART) Program. The target population for the integrated PMTCT and ART Program are people living with HIV and AIDS (of all ages), HIV-infected pregnant women and HIV-infected infants (0 to 5 years). The major emphasis area of this program is development of network/linkages/referral systems, and minor emphasis areas include information, education and communication, local organization development and training.

BACKGROUND:

The Africa Centre, a population research department of the University of KwaZulu-Natal, implements a PMTCT program in partnership with the KwaZulu-Natal Department of Health (DOH). The program is based in Hlabisa sub-District, a rural health district in northern KwaZulu-Natal that provides healthcare to 220,000 people through one government district hospital and 15 peripheral clinics. The ART Program is embedded in the DOH ART rollout whereby the Africa Centre and KwaZulu-Natal DOH work to complement each others abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that is not available at the district DOH. In addition to clinical staff, and infrastructure, the district DOH provides the necessary drugs and laboratory testing for effective ART rollout.

With FY 2008 funds, the Africa Centre will continue partnering with the district DOH to improve and expand PMTCT services by providing additional human resources and training. In addition, Africa Centre will integrate PMTCT services with its tuberculosis (TB)/HIV, palliative care, counseling and testing, and treatment programs. Increased attention will be given to addressing gender inequality (including increasing male involvement in PMTCT) and promoting HIV service delivery among men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partnership with South African Government (SAG)

All government clinics within Hlabisa District offer PMTCT services. However, many of these clinics are under-resourced and require additional human capacity to ensure that HIV-infected women are enrolled in the PMTCT program. Africa Centre provides training, supervision, mentoring, and systems strengthening in support of PMTCT services in Hlabisa district. The PMTCT program is the main referral base for assisting HIV-infected women with ART. Africa Centre aims to address the lack of human resources with the district DOH to recruit and place nurses and treatment counselors at government facilities to assist with pre and post-test counseling and appropriate infant feeding counseling. During pregnancy, if criteria are met, or during post delivery when women become eligible, nurses will provide HIV rapid testing, CD4 counts and referrals to trained ART counselors. Counselors will offer pre and post-test counseling and further facilitate enrollment into the ART program. In addition, counselors will offer pregnant women continued follow-up and support and facilitate testing of all exposed infants at 6 weeks of age, with referral to the ARV program if they are HIV-infected.

Africa Centre conducts workshops and meetings with DOH promoting linkages between PMTCT and ART programs and educates clinic staff about available services. Africa Centre will develop and distribute informational materials for wider circulation in the hospital and clinics and will target pregnant women.

ACTIVITY 2: PMTCT and Treatment

Africa Centre will provide clinics with clinical services (via the provision of doctors and other health workers) to initiate HIV pregnant women enrolled in the PMTCT program on ART. Africa Centre's assistance provides the full package of PMTCT services in line with the National Department of Health's PMTCT standards. Doctors will be present in clinics at appointed times, on a weekly or fortnightly basis, as appropriate, and will provide treatment management including work-up (complete medical history and medical examination), consultation, screening, symptom and pain management, and patient counseling (including maternal nutrition and family planning). PMTCT clients will be referred to Africa Centre-supported ART services. These services will also provide patients who experience adverse side effects or treatment failure with additional monitoring and support. Africa Centre-supported home-based care organizations will provide ongoing care and monitoring support to ensure treatment adherence. All patients transferred into the ART program from the PMTCT program will be tested for TB and receive TB treatment if necessary.

ACTIVITY 3: Counseling and Support

To reduce vertical transmission of HIV from mother-to-child, treatment counselors will provide counseling on appropriate infant feeding and support into routine PMTCT in line with the newly published WHO guidelines on infant feeding. The selection of counseling content and material will be informed by the results from a large local vertical transmission study conducted by the Africa Centre. All HIV-uninfected women will be counseled on exclusive breastfeeding from birth to six months, with continued breastfeeding to at least 2 years of age, and on safe sex. HIV-infected women will receive individual counseling and it is anticipated that most women will choose to breastfeed given the results of previous work in this area and the lack of resources to fulfill the AFASS criteria for replacement feeding (AFASS: acceptable, feasible, affordable, sustainable and safe). Women who do not wish to test and who, therefore, do not know their status will be counseled on infant feeding practices as per HIV-uninfected women (i.e. exclusive breastfeeding to six months) in line with WHO policy. Opportunities to counsel women and their partners on infant feeding will be taken at every visit, both antenatally and postnatally. HIV-infected women who choose to exclusively breastfeed, whatever their CD4 counts, will receive a monthly food parcel from the government, as do mothers who do not breastfeed. In addition, counseling on family planning will be offered. The program will address gender by attempting to increase gender equity by promoting the involvement of male partners in the PMTCT and family planning sessions. The PMTCT counselors will ask pregnant women and mothers to come with their male partners during follow-up visits. During road shows (a form of “edutainment,” which successfully disseminates information through entertainment since 2004) a special focus will be the

Activity Narrative: involvement of men. Men are still underrepresented in the clinics not only for being tested, but especially for getting treatment. The main objective will be to make men aware of their responsibility concerning the response to HIV. Male involvement will be strengthened using existing materials when appropriate. The possibility of family testing in the home will be investigated.

Finally, counselors will refer eligible patients to the government services that are available (for instance, for food aid or to a social worker if domestic violence is suspected).

ACTIVITY 4: Human Capacity Development

The South African DOH and Africa Centre counselors and nurses will be trained in the full PMTCT package according to government guidelines and standards. Refresher and on-the-job training will be provided as needed, keeping healthcare providers up to date in the delivery of PMTCT services. All healthcare providers will receive training on HIV and ART. A baseline course is based on the DOH curriculum and comprises four sessions of three hours each. The four sessions cover basics of HIV and ART, follow-up of patients, assimilation of follow-up and practical work with a patient (including blood taking for CD4 counts and viral loads).This training will be enhanced with clinic visits from training officers, during which the officers will monitor counseling and provide individual mentoring. In addition, nurses and treatment counselors will be offered the opportunity to participate in short courses covering the management of ART side effects, opportunistic infections, and pediatric ART. When necessary additional space may be renovated or park homes provided to increase facility capacity.

Due to the shortage of staff and to the increasing number of patients and increasing workload, additional staffing will be provided in close cooperation with the facility and wherever possible SAG positions will be created. It is estimated that one position for each of the 14 sites is necessary and all of these will be staffed by SAG employees as soon as they can be recruited.

ACTIVITY 5: Monitoring and Evaluation

Africa Centre's Vertical Transmission Study published in the Lancet in 2007 (369: 1107-16) had major impact on the guidelines of the WHO. It showed that exclusive breastfeeding reduces the risk of Mother-to-Child transmission compared to mixed feeding. With dedicated Health Workers in the clinics and a strong M&E system, PEPFAR funding will be used to continue monitoring and evaluation activities.

Africa Centre's integrated PMTCT and ART program contributes to PEPFAR's 2-7-10 goals for South Africa by improving capacity, access and demand for PMTCT and ART for pregnant women and mothers. These activities ensure that new infant infections are averted and the HIV-infected treatment-eligible women are referred and initiated on treatment in a timely matter.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7914

Related Activity: 13368, 13369, 13370, 13371

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22567	7914.22567.09	U.S. Agency for International Development	Africa Center for Health and Population Studies	9726	397.09		$291,271
7914	7914.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
13369	7913.08	6453	397.08		Africa Center for Health and Population Studies	$291,000
13370	7911.08	6453	397.08		Africa Center for Health and Population Studies	$824,500
13371	2997.08	6453	397.08		Africa Center for Health and Population Studies	$2,619,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,400	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,720	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	75	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 416.08

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 13700.08

Planned Funds: $824,500

Activity System ID: 13700

Activity Narrative: SUMMARY:

BroadReach Healthcare (BRHC) supports integrated ARV services that include PMTCT, doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance (QA), and data management. The main emphasis area is capacity building, with minor emphasis on strategic information and human capacity development (training). The primary target population is pregnant women.

BACKGROUND:

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the SAG rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across 5 provinces. BRHC is supporting approximately 5000 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity-building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

To ensure that patients are armed with accurate and practical HIV prevention strategies, BRHC will carry out the following activities:

ACTIVITY 1: Clinical Services

BRHC patients will be treated in accordance with national guidelines by ensuring that all elements for effective treatment are provided in a coordinated manner. Patients see doctors regularly, and will receive laboratory tests, HIV and AIDS education (complete with prevention messages), management of sexually transmitted infections (STIs), adherence support, counseling, cotrimoxazole prophylaxis and linkage to other support and wellness services. Pregnant women identified through the BRHC program and partner sites will be offered PMTCT services in line with SAG guidelines. PMTCT services include counseling and testing (see subsequent activity); counseling and support for maternal and infant nutrition; access to ARV treatment and safe infant feeding practices. Linkages will be made to pediatric treatment. At each facility a “tracer” will be employed full time to ensure that appointments are kept, opportunistic infections are treated, CD4 counts monitored and referrals completed.

ACTIVITY 2: Human Capacity Development (HCD)

BRHC will provide comprehensive HIV and AIDS training that includes PMTCT to its network of providers including doctors, nurses, pharmacists and other healthcare professionals through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and clinical mentoring from experienced clinicians. Comprehensive HIV and AIDS training for health professionals includes prevention and management of sexually transmitted infections, PMTC, ART management, tuberculosis (TB), adherence, management of complications and side-effects, and pediatric HIV management. BRHC will continue to train patients and support group facilitators on topics including prevention and PMTCT, HIV and AIDS, ART, adherence, living positively, and accessing psychosocial support in communities.

ACTIVITY 3: Counseling and Testing

BRHC will work with partner sites to ensure that pregnant women are counseled and tested for HIV, and offered access to PMTCT. This will be done by both private general practitioners who are in the BRHC network and at the government facilities where BRHC works.

ACTIVITY 4: Support to SAG

BRHC will conduct an initial needs assessment at each SAG partner facility. The assessments will identify problems that impact overall capacity and efficiency. Solutions for each institution include recruitment and salary support for doctors, nurses, and pharmacy staff. BRHC general practitioners provide part-time services at SAG facilities, and train SAG staff in HIV care and treatment and related management. Other support may include infrastructure, such as refurbishment, equipment and supplies procurement. This will also include strengthening linkages between essential HIV support services such as PMTCT to ensure clear referral procedures, patient tracking, and reporting of intervention results.

These activities directly contribute to the PEPFAR 2-7-10 goals by attempting to prevent new infections among infants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13698, 13699, 13693, 13694, 13695, 13696, 13697, 14025, 13735

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14025	8236.08	6687	4754.08		Mothers 2 Mothers	$6,775,000
13699	13699.08	6576	416.08		Broadreach	$776,000
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13696	3133.08	6576	416.08		Broadreach	$737,200
13697	3006.08	6576	416.08		Broadreach	$14,326,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$42,000

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,800	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	625	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal
Mpumalanga
North-West
Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 274.08

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 8049.08

Planned Funds: $50,000

Activity System ID: 13822

Activity Narrative: SUMMARY:

The South African Department of Defense (SA DOD) Prevention of Mother-to-Child Transmission (PMTCT) program is an integral component of the SA Department of Defense Comprehensive Management, Prevention, Care and Treatment Program. It focuses on training military healthcare workers with standardized educational materials based on World Health Organization (WHO) and South African National PMTCT guidelines to ensure appropriate and uniform PMTCT services for HIV-infected mothers and their babies. Healthcare workers in all military hospital and clinic settings throughout all nine provinces will be trained. The program will include counseling and testing of mothers as part of antenatal care, the provision of antiretroviral treatment for PMTCT, in line with national policy, appropriate management of infant deliveries, follow-up support for infant feeding practices, and linkages with treatment, care and support for HIV-infected women. It is envisioned that PMTCT will serve as an entry point for male partners and other family members to access counseling, testing, care and treatment services. The major emphasis area is training, with minor emphasis on information, education, and communication, and policy and guidelines. Target populations include adults, pregnant women, HIV-infected pregnant women, people living with HIV, HIV-infected infants, doctors, nurses, laboratory workers, pharmacists, and other healthcare workers within the military.

BACKGROUND:

Since 2000, the SA DOD has provided a comprehensive care, management and treatment plan for HIV and AIDS to members of the military and their families that includes PMTCT as a mode of intervention. This PMTCT intervention has served as an entry point to treatment and care, thereby ensuring access to treatment for women. Although this intervention has already been integrated into the HIV and AIDS program, it has never received PEPFAR funding and is not standardized across all military units in all nine provinces. It is envisaged that future management of the SA DOD PMTCT project will include more vigorous PMTCT training for military healthcare workers and ensuring that healthcare workers are able to link PMTCT and antiretroviral treatment programs. In addition, healthcare workers will also be trained to see PMTCT as a HIV and AIDS service delivery entry point for the whole family, including mothers, fathers, infants and other children. This expansion requires standardization of protocols, more vigorous implementation of a comprehensive package of PMTCT services according to WHO and national guidelines, and monitoring and evaluation of the PMTCT program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

SA DOD will modify PMTCT clinical practice guidelines to be implemented in PMTCT programs. Existing guidelines will be reviewed annually during a PMTCT workshop attended by SA DOD doctors and nurses. The goal of this workshop will be to ensure that current WHO PMTCT guidelines and NDOH PMTCT guidelines are being incorporated into all SA DOD communication tools and educational aids for practitioners and patients and that PMTCT services available for whole families (including mothers, fathers, and babies) are standardized across all military health units in all nine provinces. SA DOD will provide standardized PMTCT training to healthcare providers using these evidence-based clinical practice guidelines as part of a comprehensive package of PMTCT services. Dependent upon human resource capacity within SANDF, the Director of the SA DOD HIV and AIDS Program will decide whether the training will be centralized within SA DOD or will need to be outsourced to an accredited training institution. The PMTCT training program was included for FY 2007 into the ARV training program, which is outsourced to the University of Pretoria. One hundred eighty six healthcare workers have been trained since April 2005. It is expected that another 56 healthcare workers will attend this training in August 2007. Due to human resource shortage and capacity within the SAMHS, the FY 2007 PMTCT funding has not been utilized, yet this is still an unmet need.

ACTIVITY 2: Service Delivery

SA DOD will provide a comprehensive package of PMTCT services to every pregnant woman. A large component of this PMTCT package is counseling and testing. All pregnant women will be counseled and offered HIV testing using the opt-out testing approach. Women who test positive will be post-test counseled and antiretroviral treatment for PMTCT will be provided. An important component of the comprehensive package of PMTCT services includes the referral of HIV-infected women to treatment, care and support services. SA DOD will ensure that all women are fully supported once the HIV status has been established. This includes support on appropriate infant feeding practices The SA DOD PMTCT program will ensure that PMTCT does not stop at delivery and an infant follow-up system will be implemented to ensure that the HIV status of the HIV-exposed infant can be determined and the infant can be referred to treatment, care and support services. This follow-up system will also ensure that HIV-exposed infants are monitored for signs and symptoms of HIV infection and that cotrimoxazole prophylaxis is provided appropriately. The SA DOD program will support HIV-infected pregnant women such that they are in a position to disclose their HIV status to their families and can encourage their families to participate in the program. This will be done by providing ongoing counseling and support to these women. SA DOD will also offer counseling and testing to other family members, and family members who test positive will be referred to treatment facilities as well. Presently, procurement of antiretroviral drugs for this purpose will be funded by PEPFAR as managed by USAID.

The PMTCT package also includes micronutrient supplements (multivitamins, iron therapy, folic acid) and recommendations for a well-balanced nutritious diet for pregnant and lactating women. Nutritional supplements will be procured through the SA DOD budget. Guidelines will be given to all health units on the provision of PMTCT and the SA DOD Monitoring and Evaluation team will track women who receive this PMTCT package of services through the SA DOD health informatics system. It must be noted at this stage it is not possible to report on the numbers of pregnant women receiving PMTCT services as the SA DOD only reports on cumulative numbers of adult patients on treatment as agreed. This will be further explored with the US and SA DOD M&E teams for future reporting in this financial year.

These activities will directly contribute to the PEPFAR 2-7-10 goals by averting HIV infection in children, increasing access for people living with HIV to counseling, testing, care, treatment and support in the South

Activity Narrative: African Department of Defense, and increasing the capacity of healthcare providers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8049

Related Activity: 13823, 13824, 13825, 13826, 13827, 13828, 13829, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22782	8049.22782.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$48,545
8049	8049.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,300	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	726	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	175	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	519.08	**Mechanism:**	N/A
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	9083.08	**Planned Funds:**	$750,000

Activity System ID: 13851

Activity Narrative: SUMMARY:

UKZN proposes to use PEPFAR funding to strengthen existing prevention of mother-to-child transmission (PMTCT) services, by continuing ongoing FY 2007 activities in the Eastern Cape province and providing technical support to KwaZulu-Natal to facilitate better PMTCT implementation and integration with treatment, care and support. Target populations for the project include pregnant women and infants born to HIV-infected mothers, all cadres of health care workers engaged in maternal and child health services and provincial PMTCT coordinators. Emphasis areas for the project include human capacity development, local organization capacity building, and the provision of technical assistance. The UKZN PMTCT project has 2 components viz. (i) Expansion of the FY 2007 funded Demonstration Project which aims to create linkages between health and social services in the EC; and (ii) Provision of technical assistance to 3 Health Districts in KwaZulu-Natal with the highest antenatal HIV seroprevalence.

BACKGROUND:

MTCT rates prior to implementation of the national PMTCT program ranged between 20% - 34%. Since 2002, South Africa has made significant progress in the rapid expansion of PMTCT services. Several national and provincial audits of the program have highlighted common gaps and challenges to implementation, and as a result MTCT rates remain high, 20.8% at six weeks as compared to the anticipated 12%-14%. Challenges to program implementation include: low uptake of CT, lack of ongoing support for both HIV-infected and uninfected women, poor administration of ARV prophylaxis (less than 25%), policy confusion around nevirapine, poor postnatal follow-up (retention < 15%) and erratic and unsafe infant feeding practices. In addition, with the implementation of ART programs, linkages between PMTCT and ART programs have not been established successfully. In view of the above challenges and using FY 2006 and FY 2007 funding; the UKZN PMTCT project was conceptualized to begin to address these deficiencies. Specific FY 2006 and FY 2007 activities included: establishing pilot sites in each province to begin implementation of repeat HIV testing for pregnant women who were missed or who tested negative at the first antenatal care visit. During FY 2006,, the project was completed in 12 primary health care clinics, three in each of the provinces with the highest HIV antenatal prevalence, namely MP, FS, EC and GP and using FY 2007 funds preparations for implementation in three primary health clinics in each of the remaining provinces, namely North West (NW), Limpopo (LP), Western Cape (WC) and Northern Cape (NC) have begun.

Using FY 2006 funding, a demonstration project aimed at improving follow-up and continuum of care of women (HIV infected and uninfected) and children in the PMTCT program by fostering a partnership between Health and Social Services in KwaZulu-Natal was implemented. This project serves as a demonstration site for a holistic PMTCT program that focuses on enrollment of women into PMTCT services, PMTCT service delivery and linking women and their infants to social welfare programs, treatment, care and support. This project has commenced in collaboration with management of both departments of Health and Social Development in KwaZulu-Natal and is due to be complete in July 2008. Using FY 2007 funding, a demonstration site for holistic PMTCT service delivery is being set up in Eastern Cape and expanded to two health facilities in KZN. Funding will ensure that each of the two provinces have a best practices model which can be rolled out by the provincial departments of health and social development. The project is supported by a trained team of clinicians, community health workers and social workers who would perform a situational assessment of health service utilization and the provision of comprehensive maternal and child health services among women and children, implement a comprehensive package of clinical care for HIV infected and uninfected women and their children through integrating HIV and PMTCT programs in routine maternal and child health services, establish a support program for HIV-infected and uninfected women antenatally and postnatally until 18 months post-delivery and facilitate and expedite access to social support services such as child support grants (CSG), child care grants (CCG), and disability grants through interdepartmental collaborations viz. health, social welfare and home affairs.

FY 2007 funding is also being used to provide ongoing technical assistance and support to four provinces, namely Eastern Cape, Gauteng, Free State and Mpumalanga. Technical assistance will be provided at the provincial level to ensure that provincial program managers develop skills to conduct program level evaluations and can use these evaluations to strengthen existing PMTCT services. Technical assistance will also be provided at the clinic level through the provision of a comprehensive training and capacity building program, and an onsite, mentorship and support program.

FY 2008 Specific activities include:

ACTIVITY 1: Expansion of Demonstration Project

This activity will be expanded in the Eastern Cape to all peripheral clinics associated with Motherwell Community Health Centre. UKZN will use PEPFAR funds to support the Department of Health in the EC in its effort to improve the follow-up and continuum of care of women (HIV-infected and uninfected) and children in the PMTCT program. To this end, UKZN will foster a partnership between Health and Social Services in the EC. This project is a holistic PMTCT program that focuses on enrolling women into PMTCT services, PMTCT service delivery, and linking women and their infants to social welfare programs, treatment, care and support. An assessment of current systems of the provision of social services in these communities will assist identification and networking of relevant stakeholders in the Departments of Health, Home Affairs and Social Development. We will develop a strategy of facilitating rapid access to identity documents and social grants for HIV infected women and children in consultation with the relevant role players.

ACTIVITY 2: Support and Technical Assistance to KwaZulu-Natal

The premise behind this activity is to improve knowledge of health workers to ensure successful implementation of a comprehensive HIV and AIDS plan at the primary health care facilities and to increase awareness among patients regarding the availability of HIV and AIDS related health services at the facility level. Technical assistance will ensure the facilitation of linkages between family planning, PMTCT, and treatment. The focus of this activity includes the development of an integrated training strategy which address operational and implementation issues for the delivery of a comprehensive package of care for

Activity Narrative: women and children affected by the HIV and AIDS pandemic. Technical assistance also target teams off service providers from each of the facilities and their associated ART sites to establish and strengthen referral mechanisms and a multidisciplinary team approach towards ensuring that women and children have easy access to ARV treatment and continuum of care.
Training will take place at the facility level and will be implemented over three days per month. In addition to on-site training and mentorship, audiovisual aids to promote education and communication at the health facilities will also be implemented. These aids include video recordings, pamphlets and posters.

The UKZN PMTCT project aims to increase uptake of CT, PMTCT, improve maternal and infant follow-up, better ART and medical adherence rates associated with reduction in maternal and child morbidity and mortality, improve health awareness and service delivery. This project contributes to PEPFAR 2-7-10 goals by preventing vertical transmission and linking women and infants to treatment programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9083

Related Activity: 13852, 13853, 13854, 13855, 13856

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22733	9083.22733.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$728,178
9083	9083.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13852	3067.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$100,000
13853	3068.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$200,000
13854	3069.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$250,000
13855	6421.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$50,000
13856	3070.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	5	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	32,400	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	9,720	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4746.08

Mechanism: Desmond Tutu TB Centre

Prime Partner: University of Stellenbosch, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 13865.08

Planned Funds: $194,000

Activity System ID: 13865

Activity Narrative: SUMMARY:

The Desmond Tutu TB Centre project aims to improve access to prevention of mother-to-child-transmission (PMTCT) services, address comprehensive care of antenatal women and promote family centered postnatal care of mothers and babies at well baby clinics. The PMTCT program will be evaluated at facility level to identify gaps in services and quality improvement initiatives will be developed in response to these gaps. The emphasis areas include human capacity development through in-service training and ongoing supervision. The project aims to improve pre- and post-natal PMTCT care and to improve maternal and infant health outcomes. The primary target populations includes all women in their reproductive years, with a focus on those who are HIV-infected, and all HIV-exposed babies, whether registered with the PMTCT program or not.

BACKGROUND:

The Provincial Government initiated the PMTCT Program in the Western Cape in 1999 in the Khayelitsha Sub-District. The program offered HIV testing to women booking at antenatal services in Khayelitsha, dual therapy (AZT/NVP) in pregnancy and labor and advocated formula feeding of infants. The Provincial rollout of the program commenced in 2001 and was completed within two years. This rollout followed national protocols and offered nevirapine monotherapy. The Western Cape PMTCT protocol was modified in 2004 to include a dual therapy regimen. Emphasis was placed on exclusive feeding options and early infant diagnosis using PCR tests at 14 weeks. Reporting was simplified with single registers at antenatal sites, in labor wards and at well baby clinics with reporting done on a cohort basis. The Western Cape PMTCT program has been extremely successful and serves as a best practice model for the country. During 2006, 54,211 women accessed opt-out counseling at antenatal services in Cape Town with 93% accepting HIV testing. This is substantially higher than the rest of the country. However, a substantial number of pregnant women never access antenatal care and they and their babies thus fall outside the PMTCT program - these may be the women and babies with a high risk of being HIV infected. Of the 3389 HIV-exposed babies who came through the PMTCT program and were registered at well baby clinics in 2006, 79% had PCR tests done at 14 weeks and transmission rates were 5%. There are, however, several gaps in the program that make a thorough evaluation of PMTCT difficult. These include: inconsistent collection of booking data; fragmented TB and HIV care in antenatal settings; poor quality of labor ward data; loss of clients between obstetric units and well baby clinics; mixed infant feeding; delays in testing of infants; low index of suspicion of HIV among exposed babies whose mothers did not access the PMTCT intervention. This project aims to address these challenges and facilitate the implementation of quality PMTCT services. This project will be implemented in close collaboration with the Western Cape Department of Health, Cape Town City Health Department and non-governmental organizations (NGOs) and will be embedded within the services offered by these health departments. Project staff will work closely with line and program managers to support facility staff in implementing quality improvement initiatives that increase access to quality PMTCT interventions. Lessons learned will be used to inform the program throughout the province. This project will be implemented within existing health facilities. The integration of postnatal maternal and infant care will take place in the six clinics which form part of the Zamstar project and which are also associated with these flexi-hour VCT centers. The Zamstar project is part of the CREATE consortium and is funded by the Bill and Melinda Gates Foundation through a grant to the Johns Hopkins University. Zamstar works to reduce the prevalence of TB by improving integration of HIV and TB services. This project will complement Zamstar through insuring that PMTCT services are also fully integrated into TB and general HIV services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Increase Access and Improve Quality PMTCT Services at Antenatal and Delivery sites through improvement of health systems

The PMTCT program is clouded by inconsistent information from antenatal and delivery sites. Inconsistent collection of antenatal booking data makes it impossible to assess the true reach and impact of the PMTCT program. Poor recording of information, high staff turnover and the use of untrained locum staff all present problems to the implementation of a quality program. Formal training courses are difficult to arrange due to staff shortages. Using FY 2008 PEPFAR funding, project staff will work on site at six Midwife Obstetric Units in Cape Town. Systems will be evaluated and the overall program will be improved by various interventions, including the collection of quality data to allow a better assessment of the PMTCT outcomes. Simple flow charts will be developed and made available to serve as prompts to locum staff that may be unfamiliar with the program protocols. Once good baseline data is available, quality improvement initiatives will be implemented to address deficits in the local program. The role of project staff will be to assist with program evaluation and to support the facility manager in implementing quality improvement initiatives. This will be done in a way that will ensure sustainability by building capacity within the health services.

ACTIVITY 2: Provision of Adequate HIV and TB Care Antenatally

The provision of antenatal services to women in Cape Town is fragmented: in general, women receive obstetric specific care at Midwife Obstetric Units, TB care at Local Authority Clinics and HAART at Provincial Community Health Centers. While it is outside of the scope of this project to address the structural issues contributing to this fragmentation, this project will ensure that women who access antenatal care are appropriately screened for STIs, TB and HIV and receive the necessary services through improving services at the Midwife Obstetric Units as well as referral links to other health facilities. Community health workers, PMTCT counselors and clinic nurses will be trained to do symptomatic screening for TB. Nurses at the six Midwife Obstetric Units will be trained on TB screening algorithms. Once clients are diagnosed with TB, they will be referred to the local clinic for treatment. Further antenatal visits will be used to reinforce key messages and to motivate TB clients to complete the full course of treatment. Staff will also be trained on the basic package of HIV care to enable them to deliver this at the Midwife Obstetric Units. The components of HIV care will include WHO staging, CD4 counts, PAP and RPR, cotrimoxazole prophylaxis, management of concurrent OIs, TB screening at every clinical visit, including the use of sputum culture in symptomatic clients who are smear negative and referral for HAART if required. The responsibility of project staff will be to train and supervise staff, to transfer skills and build capacity, and to conduct regular folder reviews to ensure that established protocols are being followed. Project staff will work with facility staff and managers to improve the quality of all aspects of PMTCT services as described above.

Activity Narrative:

ACTIVITY 3: Family-Centered Care to Mothers and Infants at Well Baby Clinics

At present, when mothers present with their infants at well baby clinic, the focus is on the care of the infant whose mother accessed PMTCT. Little effort is made to ensure that the mothers receive general HIV care at the same visit or that babies of mothers who did not access the PMTCT program are screened for HIV. There is also little reinforcement of exclusive feeding options. A significant number of babies are lost to follow-up by the time of the PCR test at 14 weeks. Systems will be established at the six clinics attached to the PEPFAR-funded flexi-hour VCT sites to ensure that the care of babies and mothers is linked. Staff will be trained on the basic package of HV care to be provided to mothers and infants and on simple algorithms to screen for HIV among infants not registered on the PMTCT program. Ongoing counseling of mothers will improve the retention of babies so that a higher percentage pf babies are tested at 14 weeks and retained on the program for the full six-month duration. The role of project staff will be to evaluate services, undertake in-service training, transfer skills, build capacity and plan quality improvements with facility staff and managers. Improvements will be evaluated through ongoing supervision on-site, audit of clinical folders and evaluation of routine program data.

These activities support an integrated approach for TB and HIV services in a PMTCT setting that is a key strategy for both PEPFAR South Africa and the South African Government. The project contributes to the 2-7-10 PEPFAR goals by ensuring early identification of HIV-infected pregnant women and ensuring that they are enrolled into the PMTCT program and reducing vertical transmission of HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13864, 13866

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13864	8183.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$1,594,500
13866	13866.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,537	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,833	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1201.08	**Mechanism:**	QAP
Prime Partner:	University Research Corporation, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3111.08	**Planned Funds:**	$485,000
Activity System ID:	13871		

Activity Narrative: SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, University Research Co., LLC/Quality Assurance Project (Health Care Improvement - URC/QAP/HCI) will assist South African Department of Health (DOH) facilities in five provinces to improve the quality of PMTCT and follow-up services. Facilities identified for support differ from those of other PEPFAR partners. Training and other activities are coordinated to avoid duplication and redundancy. URC/QAP will capacitate healthcare workers to ensure rapid identification and referral of HIV-infected pregnant women and their babies to appropriate services. The essential elements of QA include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis areas for this activity are QA and supportive supervision, with minor emphasis on development of networks, linkages, referral systems, training and needs assessment. The target populations include adults, people living with HIV, HIV-infected pregnant women, HIV and AIDS affected families, HIV-exposed infants, HIV-infected children, policy makers, public and private healthcare workers, community-based organizations (CBOs) and NGOs.

BACKGROUND:

Using FY 2007 funding, URC/QAP has been supporting PMTCT programs in 120 facilities in four provinces. URC/QAP also supported two home-based care organizations (HBOs) to improve the quality of their program targeting HIV-infected mothers and their babies. A collaborative model has been used to rapidly expand access to PMTCT services in a large number of antenatal care (ANC) facilities. In FY 2008, URC/QAP plans to expand the support to an additional 40 facilities and to assist health facilities to integrate PMTCT with ANC services. Loss to follow-up of infants is one of the major challenges to PMTCT as the majority of HIV-exposed babies do not receive appropriate follow-up care. URC/QAP will assist healthcare facilities in integrating follow-up strategies into postnatal/well-baby services. Changes will be made and monitored to ensure implementation and compliance with national guidelines in all supported URC/QAP facilities. URC/QAP coordinators will facilitate training in integrating clinical practices. URC/QAP will continue to provide support to additional CBOs to improve the quality of their services to peripartum women. Support will focus on improving infant feeding practices and follow-up care of HIV-infected infants. URC/QAP will work with district supervisors to ensure that they provide ongoing support and mentoring to healthcare workers. URC/QAP is collaborating with the National Department of Health (NDOH) and the provincial departments of health to ensure sustainability of the program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Facility-level Quality Improvement Teams

URC/QAP will work with each facility to support teams representing various service delivery components such as ANC, and HIV care and treatment. Facility teams, with URC/QAP and DOH staff support, will be responsible for developing facility-based plans to increasing the uptake and quality of PMTCT services. Each facility team will conduct regular rapid assessments to identify factors affecting access to and quality of PMTCT services. Using standardized quality assurance (QA) tools, the assessments will measure/track changes in compliance with the NDOH PMTCT standards. URC/QAP will assist each facility team to develop a strategic plan for improving the uptake and quality of PMTCT and follow-up services. Interventions will include: (1) integration of ANC, intrapartum, postpartum with HIV and AIDS services; (2) re-design of clinical processes to improve patient flow and service times using QA/QI tools; and (3) promote facility teams to carryout ongoing monitoring by analyzing individual and facility level compliance with various standard indicators.

ACTIVITY 2: Training for ANC and other HIV and AIDS service providers in PMTCT

URC/QAP will build knowledge and skills of healthcare providers in PMTCT technical issues. This will be done through training workshops for healthcare workers as well as through on-the-job mentoring at facilities which only QAP supports. Training includes two days of formal training sessions, with ongoing monthly follow-up at each facility. QAP training compliments the NDOH PMTCT and Infant Feeding Curriculum as it has a specific focus on quality assurance methods and quality improvement techniques. The measurement of quality is also highlighted with emphasis placed on the indicators used to monitor clinical performance, such as the proportion of women attending antenatal services who were offered HIV counseling and testing case studies and data sheets are used and participants work in groups to identify quality gaps within the case study and make recommendations on possible solutions to improve the quality of service provision in PMTCT. Participants, either individually or as a group, are also required to analyze/interpret the data from the data sheets, graphically illustrate their analysis and make quality improvement plans based on this. Trainings are done by the URC/QAP staff and are scheduled to complement the district HAST/PMTCT trainings in each province.

ACTIVITY 3: Facility-Community Linkages

URC/QAP will assist participating facilities in building linkages with community-based groups to increase awareness about PMTCT as well as address issues of psychosocial support, stigma reduction and prevention of domestic violence for HIV-infected pregnant women. This will involve working with communities, community-based and home-based care organizations, specifically community-based workers/tracers who will work to improve the visibility of PMTCT activities; increasing voluntary counseling and testing (VCT) in communities by education (in facilities and door-to-door/household visits); and hosting open days for clinic staff and community members, to showcase improvement activities and encourage support for improvement initiatives.

ACTIVITY 4: Referrals and Linkages

URC/QAP staff members will identify and strengthen linkages between PMTCT and ARV treatment sites, by working with facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. PMTCT sites will be responsible for referring HIV-infected mothers and their newborns for onward care, treatment and support, while staff at ARV sites are responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal

Activity Narrative: care and remain within the health care system, ensuring compliance / adherence with treatment and an improved quality of life. URC/QAP will strengthen the ability of healthcare workers to provide infant care follow-up, opportunistic infection (OI) prophylaxis, and basic preventive care to HIV-exposed infants identified in the PMTCT programs, as well as capacitating community-based tracers to identify and follow-up defaulters, including HIV-exposed babies who have been 'lost to follow-up'. URC/QAP will continue to promote improvements in counseling of mothers regarding infant follow-up and best practices, early infant diagnosis, ongoing training and onsite mentoring, and support for national initiatives. URC/QAP plans to strengthen linkages to Orphans and Vulnerable Children (OVC) programs and to routine maternal and child health services, including family planning. It is envisaged this will serve to identify and strengthen existing networks; highlight gaps in the quality of services provided; and provide information about the feasibility of incorporating relatively rapid QA approaches into ongoing OVC programs.

ACTIVITY 5: Strengthening Supervision

URC/QAP will visit each facility fortnightly to provide on-the-job support and mentoring to staff. In most cases, the visits will be conducted together with district staff. This will ensure that the district staff take ownership of the program and can sustain the program when URC/QAP support ends. The mentoring will focus on improving clinical skills of staff and ensuring that the improvement plans are implemented correctly. During these visits, URC/QAP and facility staff will compare performance data with expected results. URC/QAP will conduct quarterly assessments in each facility to assess whether the facility staff is in compliance with the national guidelines. Facility staff will be provided with feedback regarding compliance with national guidelines. All facilities exhibiting 100% compliance for all programs assessed for at least three consecutive quarters will be judged to be sustainable. Sample-based surveys will be done in a small number of QAP-assisted facilities annually to assess compliance with quality assurance standards and key performance indicators. Although the coverage area for the URC/QAP PMTCT project is primarily in four provinces, some activities are also directed at the national level. URC/QAP will actively participate in the training and development of the National NDOH PMTCT monitoring and evaluation framework, to ensure accountability and long-term sustainability of the program. URC/QAP will advocate for strategies to address male norms and behaviors (Key Legislative Area) specifically seeking their involvement in PMTCT and highlighting the importance of partner testing at all levels. In addition, the URC/QAP PMTCT program includes sensitizing staff to the importance of male testing and participation in PMTCT programs. Male counselors are being trained at some facilities, to enhance the current system. Promoting integration of services at the facility level ensures the development of links between services, promoting holistic care.

URC/QAP will contribute to 2-7-10 PEPFAR goals by ensuring a strengthened PMTCT program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7431

Related Activity: 13872, 13873, 13874, 13875, 13876

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23888	3111.23888.09	U.S. Agency for International Development	University Research Corporation, LLC	10307	1201.09	HCI	$423,800
7431	3111.07	U.S. Agency for International Development	University Research Corporation, LLC	4415	1201.07	QAP	$500,000
3111	3111.06	U.S. Agency for International Development	University Research Corporation, LLC	2713	1201.06		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13872	3109.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,000,000
13873	3110.08	6639	1201.08	QAP	University Research Corporation, LLC	$751,750
13874	3114.08	6639	1201.08	QAP	University Research Corporation, LLC	$446,200
13875	3108.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,463,800
13876	13876.08	6639	1201.08	QAP	University Research Corporation, LLC	$727,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	160	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	34,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	10,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	2813.08	**Mechanism:**	HSRC
Prime Partner:	Human Science Research Council of South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3553.08	**Planned Funds:**	$1,649,000
Activity System ID:	13968		

Activity Narrative: SUMMARY:

The Human Sciences Research Council (HSRC) will provide technical support, including ongoing monitoring and evaluation (M&E) to prevention of mother-to-child transmission (PMTCT) activities in 50 antenatal care clinics (ANCs) and surrounding communities in the Eastern Cape and Mpumalanga. Once the PMTCT program in the Eastern Cape is running smoothly, HSRC will embark on similar activities in an underserved district in Mpumalanga. The District in Mpumalanga is still to be determined and will be determined in consultation with the provincial department of health. The major emphasis area will include quality assurance and supportive supervision, with community mobilization, local organization capacity development, strategic information, and training as minor emphases. The primary target populations include pregnant women, people living with HIV and AIDS (PLHIV), families affected by HIV and AIDS, public and private healthcare workers, community-based organizations (CBOs) and non-governmental organizations (NGOs).

BACKGROUND:

This project will contribute to the PEPFAR objective of preventing HIV infections in the PMTCT priority area. The project was in the FY 2006 and FY 2007 COPs, but is currently in the early stages of implementation because funding was awarded late. At the request of the provincial government, the district was changed and it took longer to establish partnerships with provincial and local health authorities than anticipated. HSRC will provide technical support for the implementation of PMTCT services according to national guidelines, and will seek to actively engage communities served by the specified ANCs. HSRC will also seek to establish partnerships with relevant CBOs and NGOs conducting HIV-related work in the area, develop reciprocal referral networks and strengthen peer support group systems to enhance family support (especially husbands, partners, mothers and mothers-in-law) and support from traditional birth attendants (TBAs) for the PMTCT program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Rapid Assessment

Using FY 2006 funding, a baseline assessment is currently underway to identify gaps and challenges to PMTCT implementation in the district. The assessment will identify program elements that are in need of strengthening, and provide a baseline measure by which to assess the success of systems strengthening activities.

ACTIVITY 2: Systems Strengthening

Once the baseline assessment has been completed, program strengthening activities will commence.

HSRC will promote the use of health facilities for newborn delivery among pregnant women and their families. All pregnant women attending the 26 antenatal clinics in the Kouga Local Service Area (LSA) of the Eastern Cape will be encouraged to have confidential counseling and testing (CT) for HIV infection during pregnancy. Women who test HIV-positive will be referred to the nearest accredited ART site for clinical staging, a CD4 count, and initiation of ART, if indicated (according to the national ART guidelines). Women who do not meet the criteria for initiation of ART will be referred to a wellness program and/or relevant social support services. HIV-infected pregnant women will be counseled about disclosure, and encouraged to refer their partners for HIV testing. Women identified as HIV-infected during pregnancy (and who do not have long-term ART initiated prior to delivery), and their infants, will be given a short course of ART prophylaxis at delivery for PMTCT. This regimen will be adapted once the dual therapy protocol becomes policy in the Eastern Cape province. HIV exposed infants will be tested using PCR, and at 15 to 18 months using appropriate tests to determine their HIV infection status. Infants found to be infected will be referred to the local health services for follow-up, monitoring and initiation of treatment if eligible. Most of the programmatic work will be done by staff already employed by district health services, or by traditional birth attendants in the target communities. FY 2008 PEPFAR funds will be used to employ additional staff to strengthen PMTCT programs in the Kouga area. The Eastern Cape Department of Health has agreed to take over the funding of these positions after the initial phase of system strengthening.

ACTIVITY 3: Technical Assistance

HSRC will provide technical assistance to strengthen M&E systems and will seek to coordinate the M&E and PEPFAR-related reporting activities with routine district health M&E activities to minimize any unnecessary duplication of work. At the clinic level this will be paper-based. HSRC will employ a dedicated M&E specialist, a community engagement and outreach activity specialist, and a data manager. HSRC will mobilize community leaders, FBOs, CBOs, district councils, traditional leaders and traditional birth attendants in the region to support PMTCT interventions.

ACTIVITY 4: Expansion

Activities will be expanded with FY 2008 funding to include:

PMTCT program integration (wraparound) with family planning, reproductive health, and ART services, and positive prevention interventions for HIV-infected women in the Kouga Local Service Area (LSA). The impact of the project on the PMTCT delivery system in the Kouga LSA will be monitored, and when service delivery quality is satisfactory, support will gradually phase out (based on service delivery indicators and achievement of more than 80% PMTCT uptake in the district), and similar program implementation and support service activities will be initiated in a new geographic region in an underserved area of Mpumalanga province. The area will be selected in consultation with the provincial department of health and the CDC, and an analysis of key PMTCT indicators by district. The district with the most need will be selected. This activity will increase gender equity in HIV and AIDS programs by increasing women's access to HIV information, treatment, care and support.

The HSRC PMTCT Program contributes to the PEPFAR 2-7-10 goals and objectives by strengthening PMTCT service delivery, increasing uptake of PMTCT and decreasing the number of new infections.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7315

Related Activity: 13975, 13970, 13974, 13971, 15081, 13972

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23159	3553.23159.09	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	9927	2813.09	HSRC	$1,200,766
7315	3553.07	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	4375	2813.07	HSRC	$1,250,000
3553	3553.06	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	2813	2813.06	HSRC	$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13970	3552.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$824,500
13974	13974.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$200,000
13971	8276.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$300,000
13972	3343.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$2,348,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

Indirect Targets

There are no indirect targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2810.08

Mechanism: CARE UGM

Prime Partner: Leonie Selvan

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3338.08

Planned Funds: $200,000

Activity System ID: 13985

Activity Narrative: SUMMARY:

At the request of the National Department of Health and CDC, Leonie Selvan Communications (LSC) will continue to use PEPFAR funding to broaden the current integrated prevention of mother-to-child transmission (PMTCT) strategy to ensure improved implementation and integration of PMTCT on national, provincial and facility levels. LSC are continuing to build on the integrated PMTCT strategies developed by Kagiso Communications using FY 2005 funding, while broadening the scope of the strategies to cut across the three levels of implementation. The primary emphasis area for the activity is local organization capacity development; with secondary emphasis on community mobilization/participation, training, development of network/linkages/referral systems, information, education and communication (IEC), quality assurance and supportive supervision. Target populations include South African Government workers, public healthcare workers, traditional leaders, traditional healers, traditional birth attendants, family planning clients, pregnant women, people living with HIV and AIDS (PLHIV), families of PLHIV, community-based organizations (CBOs) and non-government organizations (NGOs).

BACKGROUND:

Using FY 2005, FY 2006 and FY 2007 funding, LSC has facilitated the development and implementation of a national training curricula for professional healthcare workers and community healthcare workers. The focus of the South African National PMTCT curriculum is PMTCT and infant feeding. This is a five-day intensive curriculum that focuses on all aspects of maternal and child health in the context of HIV. Using FY 2007 funding, LSC conducted a stakeholder's analysis to identify all PMTCT activities around the country, identify overlaps in services, gaps and challenges. Results of the stakeholder's analysis will be presented at a PMTCT stakeholder's forum in November 2007. At this forum the National PMTCT Program Manager will encourage better collaboration between donors, stakeholders and ensure that PMTCT support reaches areas of greatest need. Using FY 2008 funding, and the results of the stakeholder analysis Leonie Selvan Communications will facilitate the development of one national PMTCT implementation plan and will convene two stakeholder forums to ensure stakeholder collaboration monitor progress on the national implementation plan. In addition, Leonie Selvan Communications will continue to work with PMTCT course directors and trainers facilitating the development of a mentoring system to support healthcare workers at the facility level. At the national and provincial level, the LSC will also focus on strengthening of linkages and networks between PMTCT and treatment programs, ensuring that pregnant women who test positive are staged and referred for monitoring. While much of the emphasis during 2007 has been on assessing and developing tools to meet the activities and strategies described above, the focus during 2008 will be on implementation and assessment of the success of these activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Identification of Gaps and Bottlenecks to PMTCT Implementation and strengthening collaboration between stakeholders and donors.

Although the PMTCT program is five years old, challenges to implementation are still inherent in the program. There are a substantial number of partners supporting the national PMTCT program, and a large number of donors working with provincial and national government. However, uptake remains at 55% and nevirapine only reaches about 30% of women who need it. This is partly due to a lack of collaboration by stakeholders and donors, and support not covering many of the high transmission areas. At the request of the national department of health, LSC will convene two stakeholder forums. At the first stakeholder forum, LSC will present the stakeholders analysis conducted in FY 2007 and, together with the national PMTCT program, identify geographical gaps in stakeholder support, gaps in service delivery and challenges to quality PMTCT implementation. LSC, together with the CDC's NDOH -laced technical advisor will work with the national program to develop one PMTCT operational plan. A second stakeholder forum will be conducted six months after the completion of the national operational plan. The purpose of the second stakeholder forum will be to monitor progress towards implementation of the plan. The stakeholder forum will bring together stakeholders from government, universities, implementing partners, NGOs, CBOs, donor organizations, traditional healers and traditional leaders. Expected results of this activity include the development and implementation of program-specific activities to address challenges to PMTCT uptake and ensure greater coverage of PMTCT service delivery.
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ACTIVITY 2: Development of Mentorship Program

Using PEPFAR funding, Leonie Selvan Communications will continue to work with the NDOH, provincial PMTCT course directors and trainers. Provincial course directors and provincial trainers are responsible for the implementation of in-service PMTCT and Infant Feeding training for cadres of health care workers involved in maternal and child health service delivery. FY 2008 funding will be used to set up and maintain a mentoring system for healthcare workers and community healthcare workers. A core group of course directors and trainers from each province will be identified and trained as mentors to assist healthcare workers with implementation at the facility level after they have attended training. The role of the mentor will be to ensure that training translates into improved service delivery. In addition, funding will be used to facilitate a mentor network allowing the mentors to support and assist each other. The mentorship program will also ensure that individuals working at the National AIDS hotline are trained in PMTCT issues and that counselors answering the phones are able to answer questions appropriately. Expected results of this activity will be capacity building of healthcare workers and community healthcare workers.

ACTIVITY 3: Development of Tools to Strengthen Linkages between PMTCT and Treatment Programs.

One of the priority areas identified in order to improve PMTCT service delivery for FY 2008 is to strengthen linkages between PMTCT and treatment, care and treatment programs. One of the downfalls of the PMTCT program is that service delivery takes place away from the treatment program. HIV-infected pregnant women are identified during antenatal care, but in many cases do not receive a CD4 test, and referred to treatment programs if eligible. The national policy states that all pregnant women testing positive should be staged and referred to antiretroviral services. However, the reality is that most HIV-infected pregnant women are not given a CD4 test and are not referred to treatment programs for monitoring. As a result, after delivery, most of these women are lost to follow up and only show up at health facilities with advanced stages of AIDS. To address this challenge, PEPFAR funding will be used to work with the national and

Activity Narrative: provincial departments of health to develop strategies for healthcare workers to ensure better linkages between PMTCT and treatment programs. Since this activity is coordinated through the NDOH, all PEPFAR supported partners will participate in activities aimed at addressing these challenges. This will also ensure that all tools being used by PEPFAR partners are in line with the NDOH PMTCT messaging.

These activities contribute to the 2-7-10 PEPFAR goals by ensuring improved PMTCT implementation, identifying women eligible for antiretroviral treatment (ART) early and ensuring appropriate monitoring of HIV-infected pregnant women. This will result in a significant number of infections averted via vertical transmission and a great number of women enrolled in ART programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7318

Related Activity: 13986

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23088	3338.23088.09	HHS/Centers for Disease Control & Prevention	Leonie Selvan	9895	2810.09	CARE UGM	$0
7318	3338.07	HHS/Centers for Disease Control & Prevention	Leonie Selvan	4377	2810.07	PMTCT Community Health Worker Strategy	$700,000
3338	3338.06	HHS/Centers for Disease Control & Prevention	Leonie Selvan	2810	2810.06	PMTCT Community Health Worker Strategy	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13986	13986.08	6677	2810.08	CARE UGM	Leonie Selvan	$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	190,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	750,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Indirect Targets

All targets are the same as the national targets. All the activities are aimed at supporting the NDOH PMTCT program

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	255.08	**Mechanism:**	TASC2: Intergrated Primary Health Care Project
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	2952.08	**Planned Funds:**	$194,000
Activity System ID:	13996		

Activity Narrative: SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the expansion of Prevention of Mother-to-Child Transmission (PMTCT) services at 80 public health facilities (hospitals and clinics) in eight districts in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West) by building human capacity of health workers to provide comprehensive PMTCT care. IPHC capacity building activities will include training, mentoring, coaching and supporting healthcare providers to provide quality PMTCT services to all antenatal care (ANC) clients in the facilities that are being supported. Providers' skills will be enhanced to strengthen infant feeding counseling and contribute to a reduction in HIV transmission from mother-to-infant in line with South African Government (SAG) guidelines. The target populations include adults, pregnant women, HIV-infected pregnant women, HIV-exposed infants (zero to five), nurses, other healthcare workers, community leaders and traditional healers. The major emphasis area is quality assurance and supportive supervision, with minor emphasis on community mobilization/participation and training.

BACKGROUND:

IPHC will work with the Department of Health (DOH) service providers at the facility level to increase the uptake for HIV counseling and testing during antenatal care visit; increase the number of HIV-infected mothers and infants on prophylactic treatment; and increase the support for infant feeding practices and referral for antiretroviral treatment (ART) when required. IPHC will improve the quality of the service by integrating PMTCT into routine Maternal, Children and Women's Health (MCWH) services. Through integrating maternal and women's health and family planning programs, IPHC will pay special attention to HIV-infected mothers who fall pregnant. These programs will ensure that HIV-infected women are aware of the risks associated with mother-to-child-transmission and are able to make informed choices about contraception. IPHC will strengthen the community support of HIV-infected mothers through post-test support groups and ensuring linkages with community home-based care organizations. Strengthening Pharmaceutical Systems (SPS) will partner with IPHC to provide support with PMTCT drug logistics.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

IPHC will train several hundred healthcare providers (both professional and non-professional) in eight districts in five provinces on comprehensive PMTCT service delivery using the South African NDOH national PMTCT training guidelines and curriculum. Training is usually on-the-job training, but is complemented by two-to-three day intensive sessions on topics such as PMTCT updates. The training will be a participatory activity with the district management teams to ensure that the training is fully integrated into the provincial PMTCT training plans and is sustainable. Health service providers will be trained to counsel and test pregnant women and their partners, promote exclusive infant feeding for prevention of HIV transmission from mother to child, conduct clinical staging of the HIV-infected pregnant mother, tuberculosis (TB) screening and treatment of opportunistic infections (OI). They will also receive training on appropriate client screening mechanisms and referrals for antiretroviral (ARV) triple therapy and provision of ARV prophylaxis to HIV-infected mothers who do not qualify for triple therapy. IPHC will train service providers from the eight districts in five provinces, increasing the number of health service providers with PMTCT skills and improving the quality of PMTCT care. IPHC will coordinate with provincial governments in each province to ensure the training is supportive of ongoing provincial PMTCT training efforts and may include co-funding workshops with DOH to ensure sustainability. The newly acquired skills of trainees will be strengthened through on-site mentoring and coaching by IPHC technical staff, who will visit each facility/CBO/FBO at least twice a month to provide on-the-job support to healthcare staff, and in-service training of facility staff on specific interventions for increasing PMTCT uptake. These may include provider-initiated counseling and testing (opt-out) to all ANC clients.

ACTIVITY 2: System Strengthening

The focus of this activity will be to improve the quality of counseling services, logistics and commodity management to ensure adequate supply of PMTCT-related commodities such as HIV test kits, nevirapine and infant formula at the facility level. In addition, since the South African Government has recently announced a policy shift from single dose nevirapine to dual therapy, this activity will also work with the facilities to ensure adequate supply for the rollout of the new regimen. Emphasis will be placed on record-keeping, reporting systems to improve data accuracy, quality of reports and data usage at facility level. In addition IPHC will integrate PMTCT services into routine maternal and child health services to broaden the use and availability of PMTCT services and will focus on improving mother-baby follow-up tools to track the infants born to HIV-infected mothers. This is in line with the South African Government (SAG) policy of testing babies born to HIV-infected mothers at specified intervals. DOH Program managers and supervisors will be supported to strengthen referral systems between the three healthcare levels (e.g. Primary Health Care, District, and Tertiary hospitals) and to ensure that ongoing support and mentoring is provided to facility staff. IPHC will provide technical assistance support, mentoring and coaching to the facility health service providers in the eight districts to standardize referrals and ensure that all referrals are followed up and monitored to ensure that the client has received the required service.

ACTIVITY 3: Building Community Networks

IPHC will support community groups to encourage and advocate for couples counseling and testing (CT) and to encourage more men to get tested. Traditional leader forums, community-based organizations, and NGOs will identify community sources of supportive encouragement and follow-up for HIV-infected mothers and their infants. Traditional leaders will be trained to increase and mobilize male/partner understanding of HIV and AIDS and the need for CT and PMTCT and so strengthen the support network for the mother. Community healthcare workers will be trained to promote and counsel for exclusive infant feeding practices among HIV-infected women, tracking infants to ensure follow-up and nutrition support for mothers. IPHC will assist districts to implement and strengthen counseling and support for HIV-infected pregnant women.

While activities from FY 2007 are still ongoing, FY 2008 COP activities will be expanded to include and

Activity Narrative: focus on increasing the number of pregnant mothers at IPHC supported facilities who are receiving clinical staging and appropriate referral to treatment, care and support services during pregnancy. This will be accomplished through in-service training and on-site mentoring. IPHC will work with other partners like Regional Training Centers in Eastern Cape and ECHO Project in Limpopo which focus on training pediatric doctors in /HIV and AIDS. PMTCT training will include coding mothers and babies, ensuring that mother receive nevirapine during labor, CD4 cell count, and following-up of babies at six weeks and advice on infant feeding. IPHC will work with the facilities to review the discharge plan and monitor for mother-baby pairs and identify quality assurance interventions that need to be implemented. In addition, IPHC will develop strategies to reduce the number of missed opportunities and ensure that the number of HIV-infected pregnant women receiving prophylaxis is increased by reviewing the PMTCT data in the clinics and coaching clinic staff on the importance of PMTCT and its related data management. Furthermore, IPHC will improve the current system to ensure that mothers understand and comply with infant feeding options through the community IMCI support groups and community home-based care groups. IPHC will also strengthen the management of babies born to HIV-infected mothers and/or of mothers with unknown status in order to refer the children for 6 weeks Polymerase Chain Reaction (PCR) testing, and increase family planning uptake among mothers who are HIV-infected to prevent unintended pregnancies.

The IPHC Project will help PEPFAR reach the vision outlined in the USG South Africa five-year strategy by increasing access to PMTCT services, improving the quality of PMTCT care services and increasing the awareness and demand for PMTCT services, thereby contributing to the 2-7-10 goal of seven million HIV infections averted. These prevention outcomes are in line with the USG goal of integrating maternal and child services into the primary healthcare system in South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7557

Related Activity: 13997, 13998, 13999, 14000, 14001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23099	2952.23099.09	U.S. Agency for International Development	Management Sciences for Health	9900	255.09	TASC2: Intergrated Primary Health Care Project	$0
7557	2952.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$200,000
2952	2952.06	U.S. Agency for International Development	Management Sciences for Health	2644	255.06	TASC2: Intergrated Primary Health Care Project	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13997	2949.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$794,250
13999	2950.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$400,000
14000	2951.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$339,500
14001	2948.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$588,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	5,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	30,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	80	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	19,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	350	False

Indirect Targets

MSH IPHC will provide indirect support through training and systems strengthening in the districts in which they work.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4754.08

Mechanism: N/A

Prime Partner: Mothers 2 Mothers

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 8236.08

Planned Funds: $6,775,000

Activity System ID: 14025

Activity Narrative: SUMMARY:

mothers2mothers (m2m) will implement activities to improve the effectiveness of prevention of mother-to-child transmission (PMTCT) in HIV programs. Services are carried out through facility-based, peer education and psychosocial support programs for pregnant women, new mothers and caregivers, all living with HIV and AIDS. There are four components of the program: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to antiretroviral treatment (ARV) and other health services. The primary emphasis areas are human capacity development (training) and local organizational capacity building. The target population is people living with HIV and pregnant women.

BACKGROUND:

m2m is a South African-based international NGO established in 2001 to help enhance and support publicly-funded PMTCT programs through peer education and psychosocial support for HIV-infected pregnant women and new mothers. With PEPFAR's support, m2m will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV and AIDS. m2m addresses issues of stigma through group counseling, support groups, and linkages to income generation. All activities have been and will continue to be coordinated with local PMTCT service providers and their partners, and will also be carried out in conjunction with provincial, district and municipal health authorities. The programs have the active support of the Departments of Health for KwaZulu-Natal, Mpumalanga and Western Cape provinces and will be integrated into their healthcare structures. Current m2m programs are located in over 90 healthcare facilities in four provinces in South Africa as well as in Lesotho. With funding from the PEPFAR New Partners Initiative, m2m will initiate service provision in Kenya, Rwanda and Zambia in 2007/2008. With FY 2008 funding, m2m will enhance the existing South African program sites and improve infrastructure, while adding significant numbers of facilities in these provinces. By the end of FY 2007 m2m will be active and will have launched sites in one of the following three provinces: Northwest, Limpopo, Gauteng. In the remaining two provinces, preparation during FY 2007 will have laid the ground work for implementation and site start-up so that these sites will be ready to launch as early as possible in the following year. With the work of FY 2007 as a foundation for expansion, in FY 2008, m2m will continue to build the program and increase service provision in new provinces and with new partners who offer antiretroviral care and treatment services. By the end of FY 2008, m2m will have established service in up to 200 sites throughout seven provinces in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development and Training
PEPFAR funding will be used to support the delivery of a cascade of curriculum-based training for m2m mentors and education programs designed to improve PMTCT outcomes through education and training of pregnant women and new mothers with HIV and AIDS. The training curriculum that is given to m2m staff provides guidance about PMTCT and ARV treatment tied to maternal and infant health, with the objective of encouraging women living with HIV (PLHIV) to take responsibility for their own health, their child's health, and the health of their partners. Additional critical subjects covered in the training include disclosure, safer feeding options, family planning, nutrition, couples counseling, and prevention guidance for these PLHIV and their partners ("Prevention with Positives"). An intensive two week training course is given to all m2m Site Coordinators (SC) and Mentor Mothers (MM), all of whom are PLHIV. Training for Site Coordinators includes an additional week of management training (3 weeks of training total). m2m staff, in turn, provide curriculum-guided education and support (individual and group) to mothers in PMTCT programs during antenatal care, post-delivery recovery, and at their return to clinics after delivery. Annual training is given to all staff, inclusive of new staff and retraining for existing staff. m2m does not provide formal training on direct PMTCT service provision for healthcare providers, including doctors and nurses. With FY 2008 PEPFAR funding, m2m will add a complement of trained PMTCT care providers (SCs and MMs) to supplement the resources of frequently overburdened local healthcare providers in 3 new provinces. m2m will also use funding to continue to support existing sites and open new sites. Simultaneously, the program will also hone the skills and knowledge of existing healthcare staff in PMTCT related care and support. The lasting impact of these activities will make a significant contribution to the sustainable development of the capacity of local organizations. Through expanded partnerships with providers of ART, m2m will also be able to train the staff of these organizations and have an impact on ARV care and treatment service providers.

ACTIVITY 2: Service and Mentoring

PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV and AIDS to help them with issues including stigma and discrimination, disclosure, reducing risky behavior ("Prevention with Positives") and pediatric support. Nutritional support and guidance is also part of the programs. A related activity focuses on providing specific support programs for the MMs and SCs ("Care for Caregivers"), contributing to their own physical and emotional well-being as well as that of their clients. One objective of both group and individual support is specific knowledge transfer around the many issues women living with HIV and AIDS faces in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and their own health. By encouraging behaviors that can help mothers sustain their well-being, the programs aim to reduce the potential that their children could become Orphans and/or Vulnerable Children (OVC). While m2m does not provide formal referrals for healthcare, MMs are well informed about where services are available and they inform women about how to access both medical and social services. The program addresses the reality of the high rates of violence against women in the communities served, as well as the specific ties between HIV and domestic violence. They provide tactical as well as emotional support aimed at helping women confront this issue and reduce their likelihood of becoming targets and victims. Women who come to the program are also giving information about income generation projects in their area and are encouraged to participate in such programs.

ACTIVITY 3: Counseling and Testing

Working in close partnership with local health and government programs, m2m will facilitate the integration

Activity Narrative: of MMs and SCs into the antenatal intake process at both the community and facility levels. In this role, they will focus on increasing counseling and testing uptake by serving as committed advocates, working with women like themselves and drawing on their training and their own personal experience. Through this program, the MMs and SCs also provide significant support for Pediatric Counseling and Testing during home visits by advocating for pregnant women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing referrals of babies to testing and treatment programs.

ACTIVITY 4: Linkages and Referrals

This activity provides linkages and referrals in various forms including creating a bridge between PMTCT services and other health and empowerment services. In active collaboration with local and provincial health officials, PEPFAR funding is used to link ante/post natal women to programs providing wellness care for themselves and their infants, and to refer women and infants with AIDS-defining conditions to ARV therapy programs. With FY 2008 funding, m2m will expand partnerships with service providers of ARVs in order to become fully integrated into HIV and AIDS care and treatment programs throughout South Africa. Working at sites where ARV treatment is provided, m2m will be able to assist in the process of steering pregnant and post-delivery women in need of referral for ARV care and treatment to these services.

The above results contribute to the PEPFAR 2-7-10 goals by increasing the number of women cared for by PMTCT programs; by improving prevention (PMTCT) outcomes, thus reducing the number of infected children; and by increasing the number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8236

Related Activity: 13700, 13745, 13797, 13812, 13792

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22980	8236.22980.09	U.S. Agency for International Development	Mothers 2 Mothers	9853	4754.09		$6,577,879
8236	8236.07	U.S. Agency for International Development	Mothers 2 Mothers	4754	4754.07	New APS 2006	$2,635,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13812	3056.08	6620	510.08		Soul City	$485,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000
13792	9446.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$22,022,260

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	$400,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	200	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	164,088	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	32,358	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Mpumalanga

Western Cape

Gauteng

Limpopo (Northern)

North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	4756.08	**Mechanism:**	N/A
Prime Partner:	PATH	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	8248.08	**Planned Funds:**	$3,104,000
Activity System ID:	14261		

Activity Narrative: SUMMARY:

The PATH prevention of mother-to-child transmission (PMTCT) project will improve the quality, availability, and uptake of comprehensive PMTCT services in Eastern Cape by strengthening systems that support the delivery of high-quality, comprehensive PMTCT services, building the capacity of health facilities and staff to provide comprehensive PMTCT services, and increasing community engagement and leadership in promoting, supporting, and utilizing PMTCT services. Emphasis areas include training and community mobilization/participation, with minor emphasis on quality assurance and supportive supervision. Primary target populations include people living with HIV (PLHIV), pregnant women, HIV-exposed and infected infants, South African-based volunteers and nurses, and provincial and district HIV and PMTCT coordinators.

BACKGROUND:

With FY 2007 funding, PATH in collaboration with the Eastern Cape Department of Health (ECDOH) initiated a PMTCT program in Amatole, OR Tambo and Cacadu districts. The PATH PMTCT program supports the South African Government's HIV/AIDS/STI Strategic Plan for 2007-2011, the Eastern Cape's Comprehensive HIV/AIDS/STI/TB Program, and the Strategic Plan for US-SA Cooperation. PATH, the prime partner, provides technical, programmatic, and financial leadership. The ECDOH, provides all the facilities, systems, and local personnel. Health Information Systems Program (HISP) is responsible for monitoring and evaluation. South African Partners, an NGO, leads the community support and mobilization interventions. There is also a small grants program for community-based organizations. PATH will address the root causes of gender inequity by examining values and norms. The project provides information and support for infant feeding choices and helps clients assess their needs, considering issues such as the risk of stigma and discrimination associated with not breastfeeding. The project provides holistic psychosocial support to HIV-infected women. Community mobilization is led by PLHIV leaders--the majority of whom are women, to increase knowledge about PMTCT, promote understanding of PMTCT as the equal responsibility of men and the community, and work toward transforming current norms, stigma and discrimination that hold women solely responsible for having HIV and transmitting HIV to children.

ACTIVITIES AND EXPECTED RESULTS:

This program will strengthen the ability of current PMTCT facilities to provide a minimum package of services, enable the ECDOH to expand PMTCT services by training and supporting providers such that they can provide comprehensive services, and raise awareness of and support for PMTCT service use within communities. The project is focused on the public sector and dependent communities only.

ACTIVITY 1: Systems strengthening

Building on FY 2007 activities, FY 2008 resources will be used to ensure continuity of system strengthening activities. One set of interventions will strengthen human resource capacity: training existing but untrained facility staff (e.g., nurses, midwives, lay counselors) to provide PMTCT services, reinforcing the skills of current PMTCT staff, and orienting other staff (e.g., child/wellness clinic nurses, community health workers) who help ensure a continuum of care. Training will focus on HIV counseling and testing, measuring CD4 cell counts, clinical staging, psychosocial support, antiretroviral treatment (ART), and follow up and care for the exposed child, including piloting polymerase chain reaction (PCR) testing. A second set of interventions will ensure that monitoring and supervision systems are fully operational at all levels (district, local service area, facility), providing on-site technical support as needed. A third set of interventions will strengthen ECDOH data and logistic systems, improving the quality of data recorded, collected, reported, and used at all levels. The project will also work with the ECDOH to address specific policy and guideline issues that directly affect PMTCT services. Finally, the project will improve referral systems, especially referral of pregnant or postpartum women and their children to antiretroviral (ARV) care and treatment sites and pediatric centers.

ACTIVITY 2: Capacity building

The project works at all levels of service delivery to strengthen the provision of high-quality, comprehensive PMTCT services. The project will focus on priority hospitals and select feeder-community health centers and clinics to ensure that women have access to the full continuum of PMTCT services, from the first antenatal care visit through follow-up of the mother and baby after birth. The package of interventions will be tailored to each facility's needs and may include training in essential PMTCT skills, monitoring and supervision to maintain high-quality services and/or upgrade staff skills, data management for ongoing corrections and decision-making, integration of services to give women and babies necessary care and treatment, and linkages to the community so that PMTCT is accepted and used widely.

ACTIVITY 3: Increasing community engagement and leadership

One of ECDOH's priorities is to broaden the role of the community in promoting, supporting, and utilizing PMTCT services. This includes providing health education, reducing stigma, generating demand for services, working with the partners and families of HIV-infected women to increase support for PMTCT, developing community networks for client follow-up, and strengthening tangible links between the community and the facility. Underlying these interventions is the need to build capacity of community networks and organizations to implement and monitor programs. Interventions will strengthen HIV prevention programs, provide PMTCT information, and reduce stigma in the community; strengthen peer support for HIV-infected pregnant women to increase demand for and adherence to PMTCT and ARV regimens; and improve community-facility collaboration to increase local ownership and utilization of services. The ECDOH is the driving force of this project and all of the investments in human capital will benefit their workers and the communities. Human capacity development is at the center of this project as described in the training and systems strengthening activities above.

ACTIVITY 4. Preparing for a transition to dual therapy for PMTCT

The new HIV & AIDS and STI Strategic Plan for South Africa calls for a new policy on the drug regimen used in PMTCT, suggesting that the policy should be updated according to the WHO Guidelines. The purpose of this activity is to conduct an assessment to assist ECDOH in planning for the implementation of

Activity Narrative: the policy change and to suggest a set of criteria to inform how and when the introduction of dual therapy should be introduced at the facility level. The assessment will look at the critical components of the health system including policy, financing, human resources, training, supply systems, service management and referrals, and information and monitoring systems to establish what will be needed to implement the pending policy. PATH will also establish a pilot project in six sites in the EC (upon ECDOH approval) and implement dual therapy services to establish a "better practice" model. This will be rolled out to other districts and facilities. In addition, PATH will work with the ECDOH to strengthen referral systems for HIV-infected pregnant women ensuring that all treatment eligible pregnant women are fast- tracked to treatment programs.

ACTIVITY 5: Maternal nutrition and infant feeding job aids and materials

In FY 2007 PATH developed a series of job aids and print materials for both health workers and mothers such as handouts on feeding options, flip charts and/counseling cards for infant feeding counselors on feeding options, AFASS, lactation and breastfeeding, etc., basic maternal nutrition guidance, a wall chart linking each antiretroviral drug with a statement on its implications for food intake at the time when it is taken, etc. FY 2008 activities will focus on dissemination and utilization of these materials.

FY 2008 COP activities will be expanded to include:

ACTIVITY 6. Creating Linkages between Reproductive Health (RH) and PMTCT

This activity will effectively link prevention of HIV and prevention of unintended pregnancies into PMTCT settings in the EC. The work will provide evidence-based information and recommendations for decision-makers and program managers to improve policy and practice for integrating RH services into PMTCT settings. Current integration policy and practices will be explored, as will client fertility intentions and desires. The community will be consulted on what services should be integrated and to strengthen community ownership of service delivery and to increase demand for RH services. The PMTCT continuum will be analyzed to determine when clients are most likely to want internalize information that could influence their uptake of services. Lay counselors and professional nurses will be trained and community mobilization will be expanded to improve access to and utilization of RH services.

ACTIVITY 7. Preparing nurse/midwives to expand their role in HIV and AIDS prevention and treatment

This activity targets professional nurses from maternity wards and expand their roles and responsibilities in terms of HIV prevention and treatment. The focus will be on hospitals where the need for task shifting is greatest. Activities will improve attitudes, motivation, knowledge and skills. Participatory training approaches will be used to work with this cadre to define the problems and to create solutions to ensure quality comprehensive services.

The PATH PMTCT project contributes to the PEPFAR 2- 7-10 goals by strengthening PMTCT services hence preventing vertical transmission of HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8248

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22888	8248.22888.09	HHS/Centers for Disease Control & Prevention	PATH	9817	4756.09		$3,013,688
8248	8248.07	HHS/Centers for Disease Control & Prevention	PATH	4756	4756.07	New APS 2006	$2,390,264

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	80	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	18,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,520	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	320	False

Indirect Targets

Not applicable.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	1066.08	**Mechanism:**	PHRU
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3103.08	**Planned Funds:**	$1,837,180
Activity System ID:	14262		

Activity Narrative: SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for people living with HIV and AIDS (PLHIV). The PHRU will use PEPFAR funds to provide high quality coverage of prevention of mother-to-child transmission of HIV (PMTCT) in Soweto (Gauteng province) and Mpumalanga provinces. This will include support to pregnant women for pre- and post- test counseling and testing (CT), information on safe infant feeding choices, referral of women to appropriate HIV and AIDS treatment programs and support for early testing of infants exposed to HIV. The major emphasis area addressed is human resources; minor areas are information, education and communication, local organization capacity development and training. The target populations are adults, pregnant women, HIV-infected infants (0-5 years), PLHIV and their families.

BACKGROUND:

In partnership with the Gauteng Provincial Department of Health (DOH) the PHRU has been running the Soweto (Gauteng) PMTCT program since 2000. All pregnant women accessing public health antenatal clinics are reached, resulting in very high uptake rates. The PHRU offers post-partum counseling and testing (PPCT) in the maternity wards at the tertiary hospital (Chris Hani Baragwanath Hospital (Bara)) where most deliveries in Soweto take place, and provides post-exposure prophylaxis (PEP) to infants exposed to HIV. The PHRU has supported the Mpumalanga Provincial DOH by providing PMTCT service in the Bushbuckridge district since 2003. The PMTCT service is integrated into maternal and child health services. All activities are ongoing and are funded by PEPFAR. The close partnership with the DOH and emphasis on capacity building and training ensures sustainability of the programs. All PMTCT sites use rapid HIV tests with results given on the same day. Each day a group health talk is given, followed by individual pre-test counseling. After a pregnant woman voluntarily consents to testing, the test is conducted and the results given during individual post-test counseling session. Women testing HIV-infected are then provided with ARV prophylaxis following the South African Government (SAG) guidelines. The PMTCT program is an important entry point for HIV-infected women to access palliative care and antiretroviral treatment (ART) for themselves and their families. All women who test positive are referred for CD4 count tests, those with CD4 counts<200 cells/mm3 are referred for ART. Infants born to positive women are given nevirapine syrup in the labor wards and a PCR test is conducted at 4 to 6 weeks. Infants are given cotrimoxazole prophylaxis and other basic preventive care. Psychosocial support is provided through ongoing counseling and support groups. Information is provided on issues such as safe infant feeding practices, formula, nutrition, general healthcare, family planning, prevention for positives and disclosure. Negative women are provided with information on how to stay negative. Safe disclosure is encouraged to reduce stigma and violence. All women are encouraged to bring their partners for testing to increase male involvement in HIV and AIDS care and treatment programs and to improve male involvement in PMTCT and reduce stigma. Health workers and lay counselors are mentored, provided with debriefing and continuous in -service training on PMTCT and developments in the field.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: PMTCT, Gauteng (urban township)

The PMTCT program in Soweto is considered a best practice model for PMTCT in South Africa with greater than 96% uptake at each stage of the cascade. The program is ongoing and will continue operating in all Soweto public antenatal clinics with funding from PEPFAR and Gauteng DOH. Staff employed with PEPFAR funding offer PMTCT to around 30,000 pregnant women annually. Around 30% are HIV-infected and about 27,500 receive their results. Following SAG guidelines for PMTCT, positive women and their babies are provided with ARV prophylaxis. Support groups run at all clinics with emphasis on HIV information, prevention for positives, informed infant feeding choices, nutrition, safe disclosure to partners, etc. Partners are encouraged to come for testing and be involved in PMTCT. All HIV-infected women are referred for CD4 count tests and those with CD4<200 cells/mm3 are referred for ART. Currently over 60% of women accept the CD4 count test with half receiving their results. The introduction of PCR testing for infants by DOH provides the opportunity for early infant diagnosis of HIV and referral for appropriate treatment and care, currently more than 50% of babies are tested. During FY 2008, the program will become more closely integrated with ARV treatment and will improve gender equity in treatment programs.

ACTIVITY 2: Post-Partum Counseling and Testing (PPCT), Gauteng (urban township)

Each year, two thirds of births (around 20,000) in Soweto occur at Bara Hospital. Around 3,000 women at the time of delivery present with an unknown HIV status. In this ongoing activity, staff funded by PEPFAR work with DOH staff to provide PPCT. A PEP dose of nevirapine syrup is provided for HIV-infected mothers' infants to reduce the risk of transmission. It has been shown that a post-exposure prophylactic dose of nevirapine is effective if given to infants within 72 hours of birth. Approximately 2,500 women are offered PPCT, about 2,000 accept and receive their results. Around 30% of these test HIV-infected. Over 98% accept nevirapine for their infant. The uptake of the program is high and operates seven days a week to ensure access for all women giving birth. Women who tested negative early in pregnancy will be offered a follow-up test. Positive women identified at the time of delivery are provided with psychosocial support through counseling and groups, referred for CD4 count tests and early infant diagnosis.

ACTIVITY 3: PMTCT, Mpumalanga (rural facilities)

PMTCT in the Bushbuckridge District is run by the provincial DOH. The PHRU and HIVSA, support PMTCT at Tintswalo hospital with PEPFAR funding. Activities include mentoring the counselors, assisting with referrals and providing education and support to pregnant women. Each year, around 4,000 women deliver at the hospital; about 25% are HIV-infected. PHRU will liaise with the PMTCT service providers to ensure increased uptake of HIV counseling and testing. Following SAG guidelines, ARV prophylaxis is given to the mother and infant. Women testing positive are referred for CD4 count tests and to ART if CD4<200cells/mm3. All women are encouraged to bring their infants for testing at 6 weeks. Support groups and counseling are available with emphasis on informed safe infant feeding practices, nutrition, disclosure to partners, early infant testing, HIV information, etc. HIVSA provides support groups in the district primary care clinics assisted by a US-based volunteer.

Activity Narrative: These activities directly contribute to the PEPFAR 2-7-10 goals by improving access to and quality of PMTCT services, testing pregnant women, identifying HIV-infected persons, reducing transmission to infants and improving access to care and ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7599

Related Activity: 14263, 14264, 14265, 14266, 14267, 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23638	3103.23638.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$1,962,099
7599	3103.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$1,450,000
3103	3103.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$1,035,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting
* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

Mpumalanga

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 268.08

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 2971.08

Planned Funds: $291,000

Activity System ID: 14269

Activity Narrative: SUMMARY:

Population Council (PC) is using PEPFAR funding to provide technical assistance (TA) to the KwaZulu-Natal Department of Health (KZN DOH) in the development of a provincial antenatal (ANC) and postnatal (PNC) policy and evidence-based comprehensive guidelines. These will incorporate aspects of HIV prevention, counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), antiretroviral (ARV) and male involvement, which are aimed at providing pregnant women, their partners and infants with quality comprehensive care during the ANC and PNC period. The target populations for this activity are people living with HIV and AIDS, HIV-infected pregnant women, and program managers. The emphasis areas for this activities are local organization capacity development (major), strategic information, and human capacity development (training and task shifting).

BACKGROUND:

PC currently provides TA using a participatory methodology aimed at ensuring that local, national and international evidence, and relevant guidance from the vertical HIV related programs (CT, PMTCT, and ARV) feed into the development of comprehensive and integrated provincial ANC and PNC policies and guidelines. This ongoing project, which commenced in 2004 with PEPFAR funding, is carried out in collaboration with the Reproductive Health and HIV Research Unit (PEPFAR funded) and two KwaZulu-Natal DOH directorates (Maternal Child and Women Health [MCWH]/PMTCT, Sexually Transmitted Infections [STI]). The KZN MCWH is the lead for the provincial "Core Team". The overall function of the Core Team is to steer the development of policy and guidelines. To date, multiple stakeholders and the Core Team have developed drafts of both the policy and guidelines. As part of the process to inform the development of the policy and guidelines, the Core Team conducted focus group discussions with pregnant women to identify their maternal health needs. Further resources, including monitoring and evaluation tools, a set of job aides and training materials had been developed to support the implementation of the policy and guidelines.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Continued technical assistance to the KZN DOH in support of the implementation of the policy and guidelines

PC will provide ongoing TA to the KwaZulu-Natal DOH as key drivers of the comprehensive and evidence-based policy and guideline development. The development of the policy and guidelines has been a provincial process which has mainly been driven by the MCWH/PMTCT program. As a way of strengthening integration at district and facility levels and for sustainability of the implementation of the guidelines, technical assistance will be expanded to other programs which are STI, HIV and AIDS, ART, VCT, TB and gender. Task teams representing these programs will be formed to assist in driving the implementation of the policy and guidelines. Specific support will include assistance with the development of district work plans for implementation, development of health delivery systems as well as continued training on M&E. Ongoing support will be provided to the relevant programs to identify any implementation issues and further training will be organized where necessary. PEPFAR funds will be utilized for conducting feedback/debriefing sessions, facilitating the development of health delivery systems, coordination of the development of district work plans and training. The target population for this activity involves program managers and health providers of the six programs listed above.

ACTIVITY 2: Supporting and evaluating the effectiveness of the implementation of the comprehensive policy and guidelines in improving maternity care at provincial level

In order to improve the implementation of the policy and guidelines, the evaluation will take several forms (testing the effectiveness of job aides and training materials, M&E tools, training of trainers, assessment of provider attitudes, as well as ANC and PNC client satisfaction assessment). Based on the outcome of this evaluation, identified gaps will be addressed and relevant adaptations will be made. PEPFAR funds will be used for the design of data collection methodology and tools, training of data collectors, collection of data, data entry, analysis and interpretation of the evaluation data at facility level.

This activity will contribute to the overall PEPFAR goals of preventing 7 million new infections by strengthening PMTCT programs with policy and guidelines and an implementation plan in the province most affected by the HIV and AIDS crisis.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7613

Related Activity: 14574, 14270, 14575, 14271, 14272, 14273, 16316, 16317

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23030	2971.23030.09	U.S. Agency for International Development	Population Council SA	9878	268.09		$979,157
7613	2971.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	$0
2971	2971.06	U.S. Agency for International Development	Population Council	2651	268.06	Frontiers	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14574	14574.08	6759	268.08		Population Council SA	$400,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1,400	False

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Ages 15-24

- Women

Adults (25 and over)

- Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2787.08

Mechanism: N/A

Prime Partner: Absolute Return for Kids

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 13355.08

Planned Funds: $727,500

Activity System ID: 13355

Activity Narrative: SUMMARY:
Absolute Return for Kids' (ARK) focus is to provide a comprehensive care package for PMTCT services to HIV-infected mothers and their children through partnerships with local government health facilities. ARK's primary emphasis has been in areas of human capacity development, local organization capacity development, and construction/renovation at about ten facilities. The target population is HIV-infected pregnant women and their infants.
BACKGROUND:
ARK is a charity organization whose mission is to facilitate and support delivery of accessible, sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and poverty. In partnership with the KwaZulu-Natal Department of Health (KZNDOH), ARK, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with the KZNDOH to identify sites and areas for capacity building, including human resources, modest infrastructure support, and organizational capacity development. PEPFAR funding has enabled ARK to successfully enroll over 15,000 patients in ART in KZN with about 12000 remaining in care at ARK supported sites.

FY 2008 funding will enable ARK to expand its established ARV treatment program to include a comprehensive range of PMTCT services. These services will be supported by improvements in the infrastructure of targeted sites, and the provision and training of human resources in partner health facilities to further strengthen their capacity to deliver quality counseling and testing, treatment, care and support for HIV-infected mothers and their children.
ACTIVITIES & EXPECTED RESULTS:
ACTIVITY 1: Support to KZNDOH
ARK works with the KZNDOH to develop the necessary processes and systems to manage the PMTCT program, to ensure that the model implemented is scaleable, sustainable and replicable elsewhere. ARK's PMTCT program works within KZNDOH selected districts and focuses on strengthening the existing networks of operating clinics; capacity-building is site specific. Upon identification of a site, ARK conducts an analysis to identify staffing, clinical equipment, and infrastructure needs. The program works with facility management to prioritize and promptly address gaps and develop plans for manageable scale-up. ARK also assesses hospital patient data management systems and will employ and train, where needed, data capturers. The data capturers support both providers and facility administrators to strengthen the management and use of patient records systems for improved service delivery.

ACTIVITY 2: Human Capacity Development
ARK will conduct a thorough needs analysis of human resource capacity prior to initiating support to the PMTCT program at each site and recruit all the necessary medical staff required for the successful rollout of services. The staff recruited varies from site to site but include doctors, nurses, pharmacists, pharmacy assistants, medical technologists, facility-based counselors, and patient advocates. For all key staff, ARK will provide two-week orientation training based on the National PMTCT and Infant Feeding Curriculum and Methodology. The training and follow-up refresher courses cover all aspects of ARK's PMTCT program including employee policies and procedures, onsite mentorship from experienced ARK staff, and an introduction to key performance areas. The specific topics covered include: counseling and testing, treatment guidelines for pregnant women, management of opportunistic and sexually transmitted infections, adherence support as well as the value of community access, prevention counseling and patient advocacy. Staff are invited and encouraged to attend formal training offered by external providers including other PEPFAR partners such as the Foundation for Professional Development (FPD).

ACTIVITY 3: Counseling and Testing
ARK will focus on provider driven opt-out testing to all pregnant mothers entering the antenatal clinics. To better ensure sustainability, where possible, ARK will use the counselors available through the District HIV program and existing trained community care workers to provide counseling. Where needed, ARK will employ and train additional counselors. Counseling and ongoing training will be in line with the National Department of Health (NDOH) Guidelines. ARK will provide mentorship and supportive supervision to lay counselors to ensure high quality standards for CT. In accordance with NDOH standards, all testing will be conducted by trained medical staff (primarily nurses). Pre-and post-test counseling for all clients will include information on HIV & AIDS, STIs, prevention education, risk reduction strategies, and partner testing. Post-test counseling will further include information and support on treatment, care and support services, and positive living.

Formal and informal training and onsite mentorship will be provided to all lay counselors in the program. ARK, in partnership with the Centre for Social Science Research at the University of Cape Town, will continue to develop and improve training modules for lay counselors. The areas covered in training include: basic and advanced counseling skills, positive living, disease progression, opportunistic infections, risk reduction for HIV transmission and safer sex.

ACTIVITY 4: Treatment for HIV-infected pregnant women
All pregnant women testing positive for HIV will have an immediate CD4 test and will have a clinical assessment for the present of opportunistic infections and for staging. Women will receive nutritional counseling as well as counseling around feeding options for their babies. Exclusive breast feeding will be encouraged in those women who do not satisfy the AFASS principles for formula feeding. A particular focus will be on triaging pregnant women who are treatment eligible into treatment programs, and ensuring that women who are not treatment eligible are provided with the appropriate dual-drug prophylaxis (new DOH guidelines.) The process and follow up of women on triple therapy will be dependant on the facility. In some facilities this site will be in the same place as the antenatal service, in others the ARV treatment site will be separate to the antenatal clinic.

Upon registration into the PMTCT program, a paid trained patient advocate is assigned to the patient. The patient advocate conducts a pre-treatment home visit and provides ongoing support to the patient and her family. The patient advocate will accompany the mother to her antenatal visits, provide adherence support and referrals and follow-up as needed. Should a patient be non-adherent or lost to follow-up, the patient advocate will investigate the reasons for this, acting as the link between the patient and the clinic. ARK facilitates the integration process for ART, TB, palliative care and OVC care and support services where appropriate.

Activity Narrative: ACTIVITY 5: Pediatrics
HIV-infected pregnant women will be educated and encouraged during pregnancy to undertake post delivery testing for their babies. All children born to HIV-infected mothers will be closely followed up for any evidence of early deterioration and will receive NVP and AZT as per PMTCT protocol. At the six week visit, all HIV exposed babies will have a PCR test done, will be given cotrimoxazole prophylaxis and multivitamins to await the PCR result. Mothers with a CD4>350 or between 250-350 with WHO STG 1&2 will stop HAART if babies are exclusively formula fed OR after weaning if exclusively breast fed. Formula fed babies that test negative will be offered an Elisa at 18 months. Breast fed babies if tested negative will be offered a PCR at 12 weeks after weaning and if still negative an Elisa at 18 months. HIV-infected babies will be immediately referred to ARK's ARV treatment program and will have access to cotrimoxazole prophylaxis, multivitamin supplements and general nutritional advice, and breastfeeding counseling and support for the mother. The patient advocates (PA) will ensure that all babies are brought back for their immunization and testing for HIV will be actively encouraged by the community workers.

ACTIVITY 6: Family-Centered Care and Support Services
In an effort to encourage adherence among mothers and ongoing care for their infants, ARK's program takes an integrated maternal and child health care approach and extends care and support (including treatment literacy and prevention education) to all members of a patient's household. Together, facility-based counselors and patient advocates counsel mothers and their partners on treatment literacy, nutrition, safe infant feeding practices, and safe sex. They offer services within homes and provide encouragement and support to male partners to serve as "adherence buddies" in the management of care during pregnancy and after delivery. Patient advocates are also trained to provide basic psychosocial support and link mothers to individual counseling services and/or support groups.

ACTIVITY 7: Quality Assurance/Improvement
ARK provides computers and employs data capturers at all sites. Data is captured from patient folders and transferred to ARK's data center, allowing for ongoing evaluation and outcome analysis. Adherence rates, death rates and loss to follow-up are closely monitored. Quarterly updates are provided to the KZNDOH and information is used within the clinics to strengthen service delivery. All ARK staff are provided onsite, on-the-job training, followed with regular onsite mentorship and evaluation by ARK's national executive and provincial management teams. Informal training sessions are conducted quarterly. Staff are encouraged to attend formal external training courses offered by FPD.

These activities contribute to PEPFAR's 2-7-10 goals by increasing the number of South Africans on treatment and possible new infections averted among infants and children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13344, 13345, 13346, 13347, 13348

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13347	7883.08	6447	2787.08		Absolute Return for Kids	$194,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	17	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	15,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	170	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Pregnant women

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4616.08

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 12243.08

Planned Funds: $73,510

Activity System ID: 13701

Activity Narrative: SUMMARY:

CARE serves as an umbrella grant making mechanism for the Centers of Disease Control. CARE has been an umbrella grants mechanism since FY 2006. CARE's primary responsibility is for the financial oversight of the grant which includes review of the financial reports and on-site assessment of the supporting documentation. CARE does not provide programmatic level technical assistance to the sub-grantees. Technical assistance and programmatic over-site is provided by CDC activity managers. The specific activities that CARE is responsible are listed below. The target area for PMTCT umbrella grants mechanism is local organization capacity building. The target population is pregnant women and children under the age of five. Currently CARE support three indigenous organizations who are implementing PMTCT activities, these include Wits Health Consortium – National Health Laboratory Services; Nozizwe Consulting; and Leonie Selvan Communications.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Contractual Responsibilities

CARE is responsible for the contractual arrangements of the sub-grants with CDC South Africa. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa to meet the PEPFAR goals. CARE will prepare all supplemental and continuation application, and ensure that progress reports are received by the sub-grantees. CDC activity managers will be responsible for the technical review of the sub-grantees; thus targets met by the sub-grantees for the PMTCT program will not be assigned to CARE.

ACTIVITY 2: Financial Oversight

CARE is responsible for the financial oversight of the sub-grants. This activity includes the review of financial reports submitted by the grantees on quarterly/6-monthly basis; and on-site assessment of the supporting documents to ensure compliance with the contract. These on-site assessments will be conducted on a 6-monthly basis. CARE will also ensure progress reports are received from the sub-grantees and approved by the activity managers of CDC South Africa on a quarterly/6-monthly basis prior to the disbursement of continuation funding.

Although these activities do not directly contribute to the overall PEPFAR goals and objectives, the Umbrella Grants Mechanism ensure that PEPFAR support can be given to small and medium-sized organizations, enabling them to facilitate the achievement of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12243

Related Activity: 13702, 13707, 13703, 13704, 13705, 13706, 16023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22633	12243.22633.09	HHS/Centers for Disease Control & Prevention	CARE International	9742	4616.09		$71,371
12243	12243.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16023	16023.08	7316	7316.08	CARE UGM	Wits Health Consortium, NHLS	$183,262
13702	12253.08	6577	4616.08		CARE International	$28,226
13704	7873.08	6577	4616.08		CARE International	$2,437,830
13705	12511.08	6577	4616.08		CARE International	$0
13706	12417.08	6577	4616.08		CARE International	$211,824

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Indirect Targets

Targets don't apply

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 190.08

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 13689.08

Planned Funds: $242,500

Activity System ID: 13689

Activity Narrative: SUMMARY:

Aurum will provide PMTCT services to patients in South African government clinics, GP practices and non-governmental sites. Emphasis will include the implementation of the PMTCT diagnosis and treatment protocols at the service outlets, early counseling and testing of pregnant mothers, provision of antiretroviral prophylaxis to HIV infected mothers both during the pregnancy and during delivery. Emphasis will also include provision of ARV to infants born to HIV mothers according to protocols and PCR of infants born to HIV-infected mothers. Also included in this activity is counseling on safe infant feeding practices and prevention of STI and HIV infection during pregnancy and while breast feeding. The primary target populations are HIV-infected pregnant women and their infants.

BACKGROUND:

Aurum Institute for Health Research (Aurum) is a not-for-profit, public benefit organization that is committed to improving the health of disadvantaged individuals and communities through transformational research (the research programs are not PEPFAR-funded), management of TB and HIV programs and provision of HIV testing, treatment and care. Aurum has received PEPFAR funding since October 2004. The main focus of the Aurum program in the public, private and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale in peripheral sites that are resource-constrained and lacking basic resources such as HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum has established a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to manage patients in resource limited settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and VCT; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management systems; and (4) centralized distribution of medication and laboratory testing. This program will supplement the South African government's ARV rollout and therefore the program adheres to national guidelines and protocols.

ACTIVITIES AND EXPECTED RESULTS:

Aurum will carry out five activities in this Program Area. All of the activities are aimed at the provision of quality PMTCT service delivery.

ACTIVITY 1. Establishing Capacity for PMTCT at Service Outlets

This activity will include the dissemination of information on the importance of PMTCT and the application of PMTCT protocols to all South African government clinics, GP and NGO sites funded supported through the Aurum grant. This is also linked to the training of health workers (activity 7 below).

ACTIVITY 2: Counseling and Testing of Pregnant women

Pregnant women will receive provider-initiated counseling and testing as soon as they present to the health care service outlet. Women who test negative during the initial testing will be encouraged to repeat testing during the pregnancy to detect early HIV infection and ensure proper clinical care for the mother and infant.

ACTIVITY 3: Provision of Prophylactic ART

Women who are HIV-infected and pregnant will be provided with prophylactic ARVs to prevent transmission of HIV from the mother to the unborn child. As part of the minimum service package, newborn infants will receive the recommended prophylactic ART. Following pregnancy women will be enrolled onto the HIV care program.

ACTIVITY 4: Early infant diagnosis using PCR

Training will be given to health care providers at South African government clinics, GP sites and NGO sites on the importance of early infant HIV diagnosis and the correct use of the PCR test. Data collection will include a compilation of results of all PCR tests performed.

ACTIVITY 5: Prevention of STI and HIV in pregnancy and during breast-feeding period

Counseling given to pregnant mothers will emphasize the risk of contracting STI and new HIV infections during pregnancy and how that increases the risk of transmission to the unborn child.

ACTIVITY 6: Promotion of safe infant feeding practices

Aurum will provide education and counseling to support mothers to make correct choices around infant feeding practices to ensure reduced risk of HIV transmission in the post-partum period while safeguarding the health of the infant.

ACTIVITY 7: Training of Health Care Workers to provide PMTCT

Aurum will incorporate training around the provision of PMTCT into its existing training curriculum for doctors and professional nurses and counselors. This training will include counseling of pregnant women to encourage them to test for HIV, the prophylactic antiretroviral therapy, the modification and continuation of antiretroviral therapy in mothers already receiving therapy the use of PCR for early infant diagnosis and counseling around other prevention methods for STI and HIV and safe infant feeding practices. Aurum's PMTCT activities contribute to the achievement of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13690, 13684, 13685, 13686, 13687, 13688

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13687	2913.08	6574	190.08		Aurum Health Research	$3,651,000
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,420	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	60	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	224.08	**Mechanism:**	CTR
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	2929.08	**Planned Funds:**	$436,500
Activity System ID:	13722		

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for Family Health International (FHI) is changing in October 2008 therefore a COP entry is being made to reflect this change in mechanism and activity number only. FHI activities under MTCT are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

SUMMARY:

Family Health International (FHI) will collaborate with PEPFAR-funded prevention of mother-to-child transmission (PMTCT) partners to strengthen PMTCT services in four provinces. FHI will provide a PMTCT Training of Trainers (TOT) course designed for program implementers. Auxiliary nurses and lay counselors will be equipped with appropriate knowledge and skills of PMTCT. With the provincial departments of health (DOH), FHI will design and provide technical assistance (TA) to PMTCT facilities to improve the quality of those services. This project will provide resources to other PEPFAR partners, including Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and JHPIEGO. The target populations include men and women of reproductive age, pregnant women, and people living with HIV and AIDS. The emphasis areas are addressing male norms and behaviors, training and wraparound programs in family planning.

BACKGROUND:

Since FY 2004, with PEPFAR funding, FHI has provided TA to a number of South Africa provincial DOH PMTCT facilities. The goal of this TA is to improve overall performance of selected PMTCT sites, with an emphasis on promoting best practices including the provision of antiretroviral (ARV) prophylaxis and family planning (FP) counseling and referrals. Since FY 2004, FHI has supported the provincial DOH in Limpopo and Northern Cape provinces by providing training to over 211 PMTCT service providers, including nurses and lay counselors, and on-site TA to 50 PMTCT facilities. In FY 2006 FHI continued to work in Limpopo and Northern Cape provinces and extended TA to Free State. At the request of these provincial Departments of Health and with endorsement from the national DOH, FHI is assisting in the development and adoption of provincial PMTCT protocols. FY 2007 funding ensured that TA could continue to be provided to Free State, North West, Limpopo and Western Cape provinces. With FY 2008 funding, the project will build on the lessons learned from the two previous years of PEPFAR funding. FHI will develop and make available on CD-ROM an interactive tutorial that can be used by other PMTCT implementing agencies and the DOH. FHI will also continue to provide TA to improve overall PMTCT performance and strengthen the systems necessary to support PMTCT programs (e.g. supervision and data management). FHI, in conjunction with clinics, will also design strategies to improve outreach to male partners of women availing themselves of PMTCT services, hence increasing gender equity in HIV programs and addressing male norms and behaviors by providing training on couple counseling, and promoting male attendance at antenatal visits with women (based on women's consent).

ACTIVITIES AND EXPECTED RESULTS: ACTIVITY 1: Capacity Building

FHI's activities will build on the FY 2006 and FY 2007 program in which FHI developed human capacity by refining the current training course for auxiliary nurses and lay counselors and equipping them with the knowledge and skills necessary to strengthen PMTCT services, including: (1) counseling and testing; (2) provision of ARV prophylaxis; (3) counseling and support for safe infant feeding practices; and (4) counseling on FP. Focusing on transferring skills to trainers to train providers, as well as to providers directly, FHI will develop TOT training materials into a CD-ROM in FY 2007 and make it available as a resource to the DOH, all PEPFAR partners, and other PMTCT stakeholders. The CD-ROM will include the facilitator's guide and participant manual from the refresher course. Interactive in nature, the contents will focus on the main components of a comprehensive PMTCT program and will have an emphasis on increasing counselors' and nurses' knowledge of appropriate FP methods for women with HIV, including those women receiving ARV treatment, strengthening counselors' communication and counseling skills around FP for PMTCT clients, and providing referrals. In addition, FHI will continue to provide the TOT course to other agencies supporting or implementing PMTCT programs (e.g., EGPAF, NDOH, JHPIEGO) and work closely with them to provide additional TA to roll out the TOT curriculum through their programs.

ACTIVITY 2: Technical Assistance

FHI will continue to provide TA to the DOH in PMTCT facilities in four provinces (Free State, North West, Limpopo and Western Cape) to improve program performance. Specifically, the scope of work for the TA is: (a) conduct both pre-service and in-service training courses for auxiliary nurses and lay counselors to strengthen the four main components of the selected PMTCT programs; and design the TA with the DOH to ensure activities fit into the existing health system to help promote sustainability; (b) clarify performance expectations for newly trained staff and managers and strengthen supportive supervision processes; (c) strengthen referral systems to enhance continuity of care; (d) improve functional referrals from PMTCT to FP services in order to promote healthy spacing of pregnancies and prevent unintended pregnancies among post-partum PMTCT clients; (e) conduct training on couple counseling and create strategies to involve male partners in PMTCT visits, and; (f) draw on the results of FHI's research on optimal timing for FP counseling within PMTCT services to provide TA to facilities that will include the development of FP messages to be incorporated into points in the service delivery system that have shown to increase the likelihood of uptake of FP (e.g., pre-/post-test counseling, post-partum period, infant feeding counseling, infant testing, or child health services).

This project contributes to PEPFAR 2-7-10 goals by reducing the number of new infections among infants exposed to HIV and ensuring that HIV-infected pregnant women and infants are appropriately referred to treatment, care and support services. In addition, by strengthening the FP component of PMTCT programs FHI helps to prevent future unintended pregnancies in HIV-infected women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7587

Related Activity: 13723, 13728, 13724, 13737, 14645, 13725, 21081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22947	2929.22947.09	U.S. Agency for International Development	Family Health International	9838	224.09	CTR	$402,610
7587	2929.07	U.S. Agency for International Development	Family Health International	4476	224.07	CTR	$400,000
2929	2929.06	U.S. Agency for International Development	Family Health International	2633	224.06	CTR	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
21081	21081.08	6583	224.08	CTR	Family Health International	$48,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
14645	14645.08	6588	218.08	Track 1	Family Health International	$0
13737	2922.08	6588	218.08	Track 1	Family Health International	$928,281
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Indirect Targets

Through the TA that FHI will provide to the DOHs 60 sites, they will have an indirect impact on PMTCT service delivery in those four provinces. Five providers per site will be trained, for a total of 300 individuals trained.

Based on FHI's experience providing TA to PMTCT sites in the FY 2004 and FY 2005, approximately 100 women per site were counseled, tested and received test results and about 20 percent of women tested will test positive and 70 percent of those who test positive will receive ARV prophylaxis.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Free State

Limpopo (Northern)

Western Cape

Northern Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	13736.08	**Planned Funds:**	$1,387,087
Activity System ID:	13736		

Activity Narrative: SUMMARY:

Columbia University (Columbia) will support implementation and expansion of comprehensive prevention of mother to child transmission and linkages with treatment, care and support. The emphasis areas include gender, human capacity development, and local organization capacity building. The target population includes infants, men and women, pregnant women, family planning clients, people living with HIV (PLHIV) and healthcare workers in the public and private sectors.

BACKGROUND:

Columbia has been a PEPFAR partner since FY 2004, and supports services to strengthen integration of PMTCT activities into HIV chronic care in all supported HIV care and treatment outlets. Columbia's geographical coverage includes the Eastern Cape (EC) and KwaZulu-Natal (KZN) provinces. FY 2008 funding will ensure expansion to the Free State (FS). Columbia's PMTCT component is designed to support the national scale-up of PMTCT programs by assisting the government in implementation of strategies and plans; capacity building and training, infrastructure support; monitoring and evaluation support; and development of key tools and standard operating practices (SOPs) for program implementation.

ACTIVITIES AND ANTICIPATED RESULTS:

Columbia's PMTCT comprehensive approach will focus on HIV counseling and testing (CT) to all pregnant women seeking care; ARV prophylaxis for PMTCT; and, counseling and support for infant feeding. The interventions will be underscored by treatment, care and support including maternal health for women living with HIV, their children and families. The planned activities will ensure that HIV-infected pregnant women are identified early and enrolled into treatment, care and support programs. This approach will ensure that prevention, care, treatment and support services cover pregnancy, delivery, neonatal, and infancy periods.

ACTIVITY 1: PMTCT at clinics and maternity obstetric units

Columbia will improve the quality of antenatal care and maternity services at the 14 sites and integrate key interventions to prevent MTCT. This will ensure that women have greater access to high-quality antenatal, labor, delivery and postpartum care, including counseling and support for infant feeding, and use existing services more frequently and earlier in pregnancy. CT will be the pivotal component of the PMTCT program. Expanding provision of PMTCT services to include both antenatal clinics and maternities at the sites will significantly increase access to both maternal and infant HIV prophylaxis regimens. The program will focus on:

1. Conducting readiness assessments for implementation of basic PMTCT services
2. Conducting infrastructure renovations/refurbishment to allow for PMTCT implementation
3. Providing supplies and additional equipment as needed
4. Hiring additional health workers to provide support to sites
5. Training staff in CT within ANC setting
6. Implementing routine rapid CT as an integral part of antenatal care
7. Providing simple/short course prophylaxis regimens for PMTCT, with access to more complex and effective regimens as capacity and national guidelines allow
8. Developing replicable models of PMTCT in the 14 sites of EC, KZN and FS
9. Provision of CT during labor and delivery for pregnant women of unknown HIV status
10. Promoting safer delivery practices
11. Devising referral mechanisms to ensure patient follow-up post-delivery
12. Improving activities for optimal obstetric care including development/adaptation of SOPs.

ACTIVITY 2: Provide HIV-related care, treatment and support

Columbia will ensure extension of services beyond the PMTCT to the treatment and care services for the HIV-infected women, their infants and family members. This will be done through the early identification and referral of HIV-infected pregnant women who are eligible for treatment, enhanced laboratory capacity to monitor and conduct CD4 and other recommended tests for HIV care and treatment; establishment of mechanisms for prioritization and fast tracking of HIV infected pregnant women for ART; providing screening, diagnosis and treatment of TB; providing screening, diagnosis and treatment of STIs; providing cotrimoxazole prophylaxis to eligible mothers according to national guidelines; establishing a family centered case management approach with particular attention to establishing continuity of care; enhancing referral systems to ensure continuum of care post-partum; providing counseling and care relating to maternal nutrition and psychosocial support; establishing appropriate linkages and referral for HIV negative mothers tested; develop best practice models in pediatric and maternal care which can be replicated at national level and other sites; support continuation of routine health care including VIA for cancer of the cervix screening; and testing other family and household members and enroll them into care and treatment programs within clinic setting.

ACTIVITY 3: Provide early diagnosis, care and support to infants and children who are HIV-exposed or infected

Columbia will institute regular infant follow-up care. This includes infants who have received ARV prophylaxis, because HIV exposure increases risk of illness and failure to thrive, whether or not the infant has HIV infection. In addition, the PMTCT interventions will only reduce, but not eliminate the risk of HIV transmission from the mother to the infant. The focus of interventions will be to ensure PCR testing at 6 weeks and enrollment in ART for eligible infants. In order to scale up PCR testing, health care workers will be trained to identify HIV exposed infants and to ensure follow-up, provide cotrimoxazole prophylaxis. In addition, health care workers will be trained to provide counseling and support for infant feeding options and to establish functional appointment systems for regular health assessment and promotion visits for HIV-exposed infants. Particular attention will be given to establish functional linkages between the MCH health care workers with the care and treatment sites for follow-up of HIV infected women and HIV-exposed infants. Technical laboratory assistance for early infant diagnosis that includes training and providing essential lab equipment in the EC and FS will be provided. Columbia hire a laboratory adviser and support staff for technical expertise and mentoring on early infant diagnosis. With FY 2008 reprogramming funding,

Activity Narrative: Columbia will strengthen support in Free State, including strengthening early infant diagnosis and additional space in some facilities.

ACTIVITY 4: Promote linkages to community-based services and psychosocial support for comprehensive family care

Columbia will establish formal links with community resources through Columbia's adherence and social support unit to provide the resources that can help women cope with the impacts of HIV diagnosis. The focus of interventions will be to: increase behavior change communication activities focusing on access to PMTCT and treatment literacy to mobilize community in PMTCT and to develop/adapt tools to improve the follow-up of HIV-infected mothers and tracking at community level.
ACTIVITY 5: Mentor Mothers Approach

Columbia proposes to expand the scope of services of the mothers to mothers program (m2m) - a PEPFAR prime partner since FY 2007 - through an existing sub-agreement. The mentor mothers will provide support to the PMTCT component. Based in the antenatal, delivery and post-natal units, the primary duties of these mentor mothers will include: promoting counseling and testing among the pregnant women; linking mothers who test positive to PMTCT services; providing psychosocial support and education (individual and group) to mothers in PMTCT programs; forming and facilitating support groups of HIV-infected mothers; linking PMTCT mothers with necessary HIV care and treatment.

ACTIVITY 6: Engaging Stakeholders

Columbia will engage stakeholders in the planning and management of the program through meetings, sensitization workshops and feedback reports. The stakeholders include: DOH officials, District Managers, Health Facility managers, Clinic supervisors, Laboratory personnel, Staff representatives (doctors, nurses etc) and community members. In addition, Columbia will engage any other PEPFAR partners engaged in PMTCT activities in the same provinces in the stakeholder planning and management.

ACTIVITY 7: Quality of Care

Columbia will focus attention on the quality of PMTCT services provided in each of the facilities, since the quality of the services will influence the program outcomes. Particular attention will be given to ensuring quality in service delivery during the site level operational planning, implementation and M&E of the program in order to support two overarching principles of quality assurance i.e. supporting clients' rights and addressing providers' needs. Clients' rights will be addressed by: ensuring provision of complete and accurate information to the mothers; facilitating access to all the PMTCT and ART services; ensuring safety of PMTCT service delivery; providing privacy and confidentiality; ensuring provisions that take into account patients dignity, comfort and expression of opinion and ensuring continuity of care from PMTCT, to treatment, care and support.

Systems and capacity will be developed to support the work of the providers which include: Establishing good quality management and supervisory support at all levels; provision of adequate information, competence-based training and skills development; and provision of adequate supplies, equipment and infrastructure

All the PMTCT activities are in line with the South Africa Government (SAG) National Strategic Plan 2007-2011 and PEPFAR program goals. The interventions will contribute to PEPFAR's country level goal of supporting at least 80% of pregnant women with PMTCT services, and reducing MTCT by 40%.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13731, 13732, 13733, 13734, 13735, 13738

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13738	3290.08	6589	4502.08	Track 1	Columbia University Mailman School of Public Health	$4,446,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	14	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	16,800	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	250	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	6156.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	12237.08	**Planned Funds:**	$550,000
Activity System ID:	13739		

Activity Narrative: SUMMARY:
Columbia University International Center for AIDS Care and Treatment Program (ICAP) will use FY 2008 funding to apply its PMTCT capacity building activities in 30 sites located in Limpopo, Northwest, Gauteng, Mpumalanga, Northern Cape, and Western Cape provinces. ICAP's capacity building model is based on its support of the South-to-South Partnership for Comprehensive Pediatric HIV and AIDS Care and Treatment Training Initiative (S2S) in the Western Cape, which emphasizes site level training; namely, continuous and supportive onsite presence, onsite dynamic skills-building events such as on-the-job training, clinical mentoring, modeling and site implementation workshops and case-based learning. The core activity for FY 2008 involves designing and implementing PMTCT performance action plans and establishing long-term monitoring systems so that increased quality of service delivery can be sustained over the long term. This activity will be implemented in collaboration with the Foundation for Professional Development (FPD), BroadReach Healthcare and Right to Care.

BACKGROUND:
A main focus of ICAP support on the site level is to build provider and system capacity with a focus on continuous quality improvement. Shortages of health care workers are exacerbated by the gap between the knowledge and skills required to provide HIV and AIDS services. Additionally, poor design of facility systems and services, lack of patient scheduling systems, inefficient provider placement and scheduling and irregular supervision by senior management continue to weaken already stressed HIV services. ICAP's site level support is dynamic and continuously customized to consider site attributes and existing resources. During FY 2008 this capacity building model will support the continuation and expansion of the S2S Partnership with Tygerberg Children's Hospital-Stellenbosch University in the Western Cape. The S2S program, experiences and materials will support the activities within this initiative aimed at supporting pediatric HIV and AIDS.

ACTIVITIES and EXPECTED RESULTS:

ACTIVITY 1: Basic Capacity Building Model

While the technical support and capacity building focus varies according to site attributes, all sites benefit from ICAP support to: (1) jointly develop or review/revise existing site specific work-plans (with clear benchmarks, targets, and activities) to outline action steps on how to achieve related goals, including setting site specific benchmarks and targets (in close collaboration with USAID-SA partners); (2) leverage and maximize efficiency of existing site and regional level human and commodity resources; (3) deliver a quality package of PMTCT-Plus and family-centered HIV services to clients; (4) implement active referrals and linkage systems; (5) efficiently operate with an integrated approach to caring for the HIV-infected pregnant woman/mother and her family; (6) facilitate and lead site level system improvements that improve quality of care, support optimal patient flow, and decrease patient wait time; and (7) initiate a multidisciplinary approach to service delivery.

ACTIVITY 2: Exposed Infant Follow-up/Care and Pediatric HIV Care and Treatment

ICAP will continue to support pediatric activities in close collaboration with the S2S program to rapidly expand access to HIV care and treatment for infants and children. Through its basic capacity building model ICAP will support the implementation of comprehensive care services for the HIV-exposed child at all sites, including growth monitoring, neuro-developmental screening, and cotrimoxazole prophylaxis. ICAP will capitalize on IMCI, EPI, and under-5 services to identify infants at peripheral sites that should be referred for HIV testing, and use aggressive pediatric case finding by supporting clinical/immunological presumptive diagnosis and/or early infant diagnosis services. The ICAP model will be used when appropriate to expand provider-initiated in-patient testing in pediatric wards, and to assist in the implementation of routine pediatric psychosocial assessments to appraise readiness and support needs prior to initiating treatment.

ACTIVITY 3: Expansion of Early Infant Diagnosis (EID)

The ICAP capacity building approach will support implementation and expansion of EID services. This includes the improvement of follow-up services, including improving counseling to ensure that caregivers understand the importance of returning for services and developing mechanisms to identify and trace caregivers who have not returned for follow-up and test results.

ACTIVITY 4: HIV-infected Women of Childbearing Age and their Partners

ICAP plans to strengthen the quality of the clinical and psychosocial services available to women of childbearing age and males (especially partners) enrolled in care and treatment services. This activity Includes supporting facilities to offer services and referrals to counsel HIV-infected women and partners, specifically on family planning.

By strengthening PMTCT services, these activities contribute to PEPFAR 2-7-10 goals, averting new infections among infants exposed to HIV as well as increasing access to treatment care and support for HIV -infected women and their infants.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12237

Related Activity: 13740, 13741

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22754	12237.22754.09	U.S. Agency for International Development	Columbia University Mailman School of Public Health	9786	6156.09		$1,081,588
12237	12237.07	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6156	6156.07		$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13740	12480.08	6590	6156.08		Columbia University Mailman School of Public Health	$0
13741	12341.08	6590	6156.08		Columbia University Mailman School of Public Health	$1,164,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Indirect Targets

ICAP’s activities will indirectly support women and babies to receive improved PMTCT services. The exact number of women to be reached has not yet been determined.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Northern Cape

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	193.08	**Mechanism:**	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01

Activity ID: 7969.08

Planned Funds: $2,925,000

Activity System ID: 13763

Activity Narrative: SUMMARY:

EGPAF will use FY 2008 PEPFAR funds to continue prevention of mother-to-child transmission (PMTCT) support for its existing partners which include National Department of Heath (NDOH) and provincial DOH KwaZulu-Natal and Gauteng. The Foundation will expand its geographic coverage during FY 2008 to include direct support to provincial and district health departments in the Free State and North West provinces. The key objective is to expand the coverage of PMTCT services, and thus ensure provision of quality PMTCT services, and increase the uptake of PMTCT services. The primary emphasis area is human capacity development and expansion of services through training and task-shifting, quality improvement, development of networks, linkages, referral systems and strengthening M&E and health systems, and strengthening of local organizations. Primary populations to be targeted include infants, men and women, pregnant women, HIV-infected pregnant women, people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:

The long-term goal of the EGPAF Project HEART PMTCT program in South Africa is to decrease transmission of HIV from mother-to-child. This is to be achieved through an intensive focus on increasing: the capacity of health facilities to deliver high quality PMTCT services in antenatal care (ANC), including screening and staging of HIV-infected pregnant women; the uptake of voluntary counseling and testing (VCT) through the implementation of the opt-out policy; and the referral of eligible HIV-infected pregnant women to care and treatment.

USG support for the PMTCT program was initiated in 2003. This support was provided to McCord Hospital in KwaZulu-Natal, Hlabisa sub-district through the Africa Centre in KwaZulu-Natal, mothers to mothers (m2m) in KwaZulu-Natal and Mpumalanga, and the Johannesburg Metro District through the Perinatal HIV Research Unit (PHRU) in Gauteng. The Africa Centre, M2M and PHRU programs have been transitioned to the KwaZulu-Natal Department of Health (KZNDOH) and to direct USAID support, respectively.

McCord Hospital implements best practices for PMTCT through highly active antiretroviral therapy (HAART) for prevention/treatment, AZT from 28 weeks and nevirapine in labor, nevirapine for pregnant women who first present in labor, as well as a stat dose of nevirapine and AZT seven days post delivery to the HIV-exposed infant. This is different from the national protocol. This resulted in a vertical transmission of 4.25% in 2006. McCord uses a family-centered approach for PMTCT.

New partnerships created at the end of FY 2006 and implemented in FY 2007 include working directly with the Tshwane-Metsweding Region in Gauteng, and the Free State, North West and KwaZulu-Natal provincial health departments. To improve quality of PMTCT service delivery, EGPAF will continue to support the national and provincial Departments of Health by providing technical support, human capacity development, and infrastructure rehabilitation, where applicable.

Priority areas for the South Africa program that are implemented through the activities include:
(a) Follow-up of HIV-exposed infants and referrals to care and treatment for HIV-infected infants.
(b) Develop referral and integration strategies for fast-tracking pregnant women to treatment services.
(c) Improve partner (i.e., couple) testing and increase male and mothers-in-law involvement in the PMTCT program.
(d) Work directly with government sites to strengthen PMTCT services.
(e) Strengthen monitoring and evaluation (M&E) activities.
(f) Encourage provider-initiated testing and counseling, counseling for HIV negative to stay negative, repeat HIV test at 36 weeks
(g) Tuberculosis (TB) screening, identification of eligible pregnant women for HAART and referral to care and treatment sites.
(h) Integrating PMTCT into existing maternal and child health and family planning services including pap smears.
(i) Infrastructure rehabilitation, e.g., renovations to existing structures, acquisition of park homes.
(j) Encourage support groups for pregnant women.
(k) Community and facility-based strategies to support infant feeding choices made.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: McCord PMTCT Program Activities

(a) Implement the family-centered model encouraging couple counseling, providing partner testing and testing of other siblings.

(b) Use the both provider-initiated and voluntary "opt-out" approach in the counseling and testing (CT) program

(c) Provide polymerase chain reaction (PCR) testing at six weeks for early infant diagnosis and thus improve HIV-exposed infant testing and follow-up.

(d) Strengthen the referral system between PMTCT and the wellness clinic or care and treatment services. This is achieved by offering routine CD4 testing to HIV-infected pregnant women and HIV-infected infants to identify those eligible for HAART.

(e) Provide TB screening for HIV-infected pregnant women.

(f) Offer complex ARV regimens depending on the clinical and immunological (CD4) staging.

(g) Provide HIV and AIDS training to local community-based organizations such as churches and youth organizations to raise community awareness.

(h) Provide cotrimoxazole prophylaxis for mothers and children.

Activity Narrative: ACTIVITY 2: Free State, Gauteng, KwaZulu-Natal and North West Provincial Departments of Health

(a) Conduct needs and site assessments to identify gaps and address the needs of human resources, infrastructure, training of healthcare workers (HCW), technical support, monitoring and evaluation, commodity, and ways to strengthen PMTCT services.

(b) Provide training in early infant diagnosis (PCR) to improve follow-up of HIV-exposed infants.

(c) Incorporate CD4 testing of HIV-infected pregnant women and HIV-infected infants in the PMTCT program, and fast-track those eligible to care and treatment sites or wellness clinics.

(d) Facilitate the provision of antiretroviral treatment for eligible HIV-infected women within the PMTCT program.

(e) Develop comprehensive referral systems to care and treatment sites.

(f) EGPAF respects Provincial Policy on Nutrition. The nutritional advice is provided through health education to all pregnant women (HIV-infected or not).

ACTIVITY 3: Support to National PMTCT Staff Capacity and Training; Participate in the National Pediatric AIDS Working Group

(a) Provide training to the nine provinces on early infant diagnosis, antiretrovirals in pregnancy, clinical and immunological staging of HIV and AIDS in infants and children, and clinical manifestations of HIV and AIDS in infants and children.

(b) Place a technical advisor within the National Department of Health.

(c) Participate in the National Pediatric Working Group to discuss and advise policy with regard to pediatric treatment guidelines and access to pediatric treatment services.

The EGPAF PMTCT activities contribute to the PEPFAR 2-7-10 goals by strengthening PMTCT at the provincial and national level.

With FY08 reprogramming funding, EGPAF will provide support to the national Department of Health and 3 provinces (KwaZulu-Natal, North West and Free State) in training and mentoring of health workers to implement the new (2008) PMTCT dual therapy guidelines. Tools to measure compliance to these new guidelines are being developed and will be rolled out to facilities in the three targeted provinces, and beyond.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7969

Related Activity: 13764, 13765, 13766, 13767, 13769

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22763	7969.22763.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9790	193.09		$2,839,896
7969	7969.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		$1,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
13765	7968.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,070,000
13766	3806.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$455,000
13767	2917.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$5,510,000
13769	3296.08	6602	2255.08	track 1	Elizabeth Glaser Pediatric AIDS Foundation	$5,283,351

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	299	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	133,680	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	25,266	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	589	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

North-West

Limpopo (Northern)

Northern Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4760.08

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Activity ID: 12240.08

Activity System ID: 13831

Program Area Code: 01

Planned Funds: $388,000

Activity Narrative: SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will aggressively address the need to prevent the transmission of HIV from mother-to-child. St. Mary's is ideally situated and offers a wide range of services to 'capture' the target group to ensure success. This will be achieved through the integration of maternal services at the primary health care facility. The activities will encompass human resources, laboratory tests and medical supplies. The emphasis area of this activity is to provide counseling and testing to the family unit and in particular there will be a focus on couple counseling. The ultimate aim is to reduce the number of new infections from mother-to-child and to refer the mother into treatment programs when required. The target groups for this activity are people living with HIV, pregnant women, and their infants.

BACKGROUND:

This is a new program activity funded in FY 2008, although St. Mary's has received previous PEPFAR funding as a sub-partner to Catholic Relief Services (CRS). This activity is linked in with the counseling and testing activity program. The program is supported by the South African Government as St. Mary's Hospital has a service level agreement with the KwaZulu-Natal Provincial Department of Health and the Hospital is in partnership with the District Office of the Department of Health to provide HIV and AIDS training to all clinical staff over the next two years.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Routine HIV testing and counseling

The PMTCT program is based in the primary health care (PHC) facility that has an antenatal clinic. This is the first point of entry for a pregnant mother (not in labor) to the hospital. It is at this point that the pregnant mother will be counseled and tested using same-day rapid test results to establish her status. Provider-initiated Testing and Counseling is currently the standard practice for testing in the entire facility. Women who initially test negative will be offered a repeat HIV test during the last trimester in the pregnancy, and if the mother is not tested at the PHC facility then the mother will be tested at the hospital when the mother is in labor. Linkages and referral to the PMTCT program will occur at the primary health care facility as well as from the midwifery and obstetrics unit in hospital. The overall objective of this activity is to routinely counsel and test as many pregnant mothers as possible so preventative prophylaxis will be offered to the women and their infants. Counseling and testing in hospital at labor and delivery will also be a focus as some mothers are referred from community clinics and have not attended the antenatal clinics sessions on site. Partner counseling and testing will also occur at the primary health care facility as well as in the hospital. In addition attention on TB screening will occur at all levels of health care for the mother. A group of six PMTCT counselors based at the PHC facility and in the hospital will be trained extensively in PMTCT and pediatric ART to ensure that the goals of this activity are achieved. Government counseling and testing protocols will be adhered to. The expected results of this activity are to: (a) create a culture in which all people regularly seek counseling and testing for HIV; (b) provide preventative treatment to mothers for their unborn child; and (c) the subsequent follow up and support for the family unit post-delivery.

ACTIVITY 2: The provision of ARV prophylaxis and post-delivery support

The provision of ARV prophylaxis dependent on the CD4 count of the mother will be in line with the South African Guidelines, which currently include single-dose nevirapine (SDNVP). However, when the guidelines change to include dual therapy, St. Mary's will change its protocols. Single-dose nevirapine will be provided to pregnant mothers that have a CD4 count of 200 and above and HAART to pregnant mothers that have a CD4 count of below 200. ARV prophylaxis will be provided to pregnant mothers who test positive during labor and who have not previously entered the PMTCT program at the PHC facility. PCR testing is conducted at 6 weeks post-delivery and if these infants are born positive to mothers who entered the PMTCT program, the children will be referred to the pediatric ARV program. This is an extension of the PMTCT program. Similarly, the mother and partner will be referred post-delivery if necessary. Subsequent PCR testing is conducted 6 weeks after cessation of exclusively breastfed babies, and formula fed infants will be re-tested at 18 months to determine HIV status. Home-based visits will occur through the counseling and testing activity program. St. Mary's Hospital is accredited as a baby-friendly hospital and the hospital promotes exclusive breast feeding; however, other feeding options are discussed in the extensive infant feeding counseling that is provided. A PMTCT therapeutic counselor will provide nutritional support and counseling to the mother, mother-in-law and father of the baby. Infant formula is available through the PHC facility on site as well as at the community clinic level. This is a service from the Department of Health. In addition, one of the treatment activity plans is for the dietician/nutritional expert to provide ongoing education to communities at clinic level. This educational support will be expanded to include pregnant mothers and mothers post-delivery. In addition, the therapeutic counselors will visit mothers in the home setting which is addressed as a counseling and testing activity program. Extensive counseling on feeding options will be provided in the home setting.

The expected results of this activity are: (1) Prevent the transmission of HIV from mother to child; (2) Effective referral and access to treatment programs if the child is born positive; (3) The referral and access to treatment programs for HIV or TB for the mother and partner if necessary; (4) Additional home-based support if required to the family unit to limit loss to follow-up, especially to those mothers that did not enter the PMTCT program at the PHC facility; (5) Address referral links for care and treatment to St. Mary's Hospital or other treatment centers.

ACTIVITY 3: Provision of support and guidance to referral clinics

The PMTCT program based at St. Mary's Hospital will work extensively with referral clinics in the area to ensure that pregnant mothers from referral clinics will be afforded the same service as if they had attended the PMTCT program at St. Mary's. The PMTCT training that will be afforded to the staff at St. Mary's Hospital will be extended to the referral clinics to the PHC facility on site. This will be included in the treatment activity plan.

These activities contribute directly to the overall PEPFAR 2-7-10 goals as HIV-infected pregnant mothers will be identified, appropriately treated, cared for and supported. Family members affected will benefit

Activity Narrative: directly from counseling and support within the hospital environment as well as within the community setting during home visits.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12240

Related Activity: 13832, 13834, 13833

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22798	12240.22798.09	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	9795	4760.09		$471,613
12240	12240.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13832	8262.08	6626	4760.08		St. Mary's Hospital	$611,100
13834	13834.08	6626	4760.08		St. Mary's Hospital	$194,000
13833	8264.08	6626	4760.08		St. Mary's Hospital	$1,552,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food $35,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	900	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	960	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	6183.08	**Mechanism:**	N/A
Prime Partner:	Tuberculosis Care Association	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	13837.08	**Planned Funds:**	$125,000
Activity System ID:	13837		

Activity Narrative: SUMMARY:

TB Care Association's activities will be carried out to increase TB and HIV case finding and case holding through community peer supporters as well as to support facility-based integration of prevention of mother-to-child transmission (PMTCT) with TB/HIV and antiretroviral treatment (ART) services. The TB CARE Association PMTCT project emphasizes gender issues by increasing access to PMTCT, TB/HIV and ART services for women and their partners. A second emphasis area is in-service training. The target populations for this activity include children under the age of five years, pregnant women, discordant couples, people living with HIV and AIDS, families. The emphasis area for this program include gender, by addressing gender equity in HIV and AIDS programs, human capacity development by providing in-service training and local organization capacity building.

BACKGROUND

Although TB CARE Association is a new FY 2008 PMTCT partner, this is an ongoing activity. TB Care Association was founded in March 1929 as a social support group for TB sufferers in Cape Town. The core role of TB Care has remained largely unchanged in the intervening 70+ years. TB Care provides a comprehensive, developmental social support service to TB sufferers and their families in the City of Cape Town. TB care operates from the community health centres which patients to take their daily treatment on the street where they live under the supervision of specially trained community treatment supporters. In FY07, TB CARE Association partnered with the Medical Research Council in FY 2007 and was a sub-partner implementing these PMTCT activities. In FY 2008 PEPFAR funding will be coordinated by TB Care Association and the Medical Research Council will be a sub-partner. The activity will be coordinated with the provincial and district Departments of Health. TB CARE Association partnered with the Medical Research Council in FY 2007 and was a sub-partner implementing this activity. FY 2008 PEPFAR funding will be coordinated by TB Care Association and the Medical Research Council will be a sub-partner. The activity will be coordinated with the provincial and district Departments of Health.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Community TB/HIV Case Finding and Case Holding Among Women Participating in PMTCT

The Good Start Community Intervention Project (PEPFAR-funded since FY 2005) has trained and employed community peer supporters to provide household-level support to improve postnatal care of mothers served by PMTCT programs. In the TB/HIV component of the Community Intervention Project, community peer supporters will identify suspected TB cases in the households of pregnant mothers and refer them to the health services for TB diagnosis. They will encourage pregnant women, their partners and HIV-exposed infants to be tested for HIV and to access health services for appropriate prophylaxis and antiretroviral therapy (ART). They will also provide adherence support for household members on prophylaxis or treatment related to TB or HIV.

ACTIVITY 2: Integration of PMTCT with TB/HIV and ART Services

This project will support a comprehensive best-practice approach to integrate PMTCT into TB/HIV care in Sisonke District in KwaZulu-Natal. The project will improve screening of pregnant women for TB and HIV as part of antenatal care. HIV-infected pregnant women will routinely have CD4 counts assessed and be screened for full antiretroviral treatment. HIV-infected mothers will also be screened for prophylaxis (isoniazid preventive therapy and cotrimoxazole prophylaxis). HIV-exposed infants will receive cotrimoxazole prophylaxis and will have a PCR test at their six week immunization visit. PCR-positive infants will have a CD4% test to determine their eligibility for ART. The project will establish a best practice approach to integrated TB/HIV prevention and care in PMTCT services and will provide training to PMTCT health care providers on integrated TB/HIV care. Project results and lessons learned will be shared with the national and provincial Departments of Health to inform existing policies and guidelines on TB/HIV care. TB patients and PLHIV are the principal target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated).

These activities will contribute to PEPFAR's 2-7-10 prevention goals by reducing mother-to-child HIV transmission. The prevention outcomes are also in line with the USG goal of integrating TB and HIV services within primary care systems in South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13836, 13838, 13839

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13836	12516.08	6628	6183.08		Tuberculosis Care Association	$1,600,000
13838	13838.08	6628	6183.08		Tuberculosis Care Association	$500,000
13839	13839.08	6628	6183.08		Tuberculosis Care Association	$910,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	24	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	600	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Northern Cape

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	13965.08	**Planned Funds:**	$970,000
Activity System ID:	13965		

Activity Narrative: SUMMARY:

Johns Hopkins University/Center for Communication Programs (JHU/CCP), coordinates the work of 20 South African partners, provides technical assistance and capacity building to prevent HIV and AIDS through a comprehensive HIV prevention program that addresses risky behaviors and the key drivers of the epidemic in the general population through mass media and social mobilization. The target populations are: youth, adults, people living with HIV (PLHIV), religious leaders, teachers, public health workers, and community, faith-based and non-governmental organizations. Eleven partners working across South Africa will support efforts to mobilize pregnant women and their male partners in support of PMTCT. Two mass media programs are utilized to highlight themes relating to PMTCT guided by the findings of the 2006 South African HIV/AIDS Communication Survey that found that 87% of all South Africans were reached with messages dedicated to HIV prevention and living with HIV and AIDS by means of television and radio programs.

BACKGROUND:

This is the first year that JHU/CCP is undertaking strategies using community-based mobilization and mass media in support of PMTCT programs. Our approach recognizes the need to educate pregnant women and their male partners (and discordant couples) concerning their right to PMTCT prior to delivery so that they can make the best decision regarding their own sexual behaviors, know their HIV status, have access to PMTCT services and understand the need for safe feeding practices that will reduce the risk of their newborn from getting HIV. Through ensuring that women are counseled in advance of their rights to access PMTCT services upholds the constitutional rights of women and their to access PMTCT services. The evidence-based strategic message design identifies key theoretical and practical factors that influence behavior, reinforcing the positive and minimizing the negative. Each activity below is designed to enhance critical and creative thinking, contribute to changes in social norms, create social networks that support individual change, build skills and improve decision-making. Eleven of the twenty South African partners will incorporate social mobilization for PMTCT into their community mobilization and mass media activities.

ACTVITIES AND EXPECTED RESULTS:

ACTIVITY1: Community Mobilization

DramAidE places Health Promoters (HPs) living with HIV in 23 of the country's higher learning institutions. The HPs use campus events to educate young female students and their male partners on PMTCT, to undergo voluntary counseling and testing, and referrals to appropriate services on or in the vicinity of tertiary institutions.

Mindset Health (MH), Health Workers Channel is located in more than 400 public clinics. It produces and disseminates training materials for Health Care Workers that is expanded upon through an interactive web-based training program. Its Public Health Channel sensitizes audiences through facilitated discussions within public health centers on issues relating to PMTCT and encourages pregnant women to be tested for HIV, obtain antiretrovirals for PMTCT and safe feeding practices. Mindset Health, a partnership between Mindset Network, the Department of Health and Sentech, operates under the umbrella body of Mindset Network, which is funded through a number of public-private partnerships, such as Standard Bank, Liberty Life as well the Nelson Mandela Foundation.

The Community Health Media Trust (CHMT) is increasing the number of Treatment Literacy and Prevention Practitioners (TLPPs) to 92 (72 funded by PEPFAR and 20 by the National Department of Health (NDOH)) who work in health centers serviced by MH in the Western Cape, Eastern Cape, KwaZulu-Natal, Free State and Gauteng, to facilitate discussions with patients in general waiting rooms, prevention of mother-to-child transmission (PMTCT), Antenatal (ANCs) and ART Clinics on PMTCT. In addition, these outreach workers work with CBOs and support groups of people living with HIV to increase awareness of PMTCT.

Lesedi Lechabile and Mothusimpilo, who work with mobile populations in the mining areas of the Free State and the North West, train their peer educators and clinical staff working in their mobile clinics to sensitize pregnant women, their male partners and women engaging in transactional sex and those engaging in sex work in areas surrounding the mines to be tested for HIV so that they can know their HIV status, access PMTCT services and receive education on safe feeding practices.

The Valley Trust, working in rural KwaZulu-Natal, trains its peer educators and clinical staff in their mobile clinics to encourage pregnant women to be tested for HIV, access PMTCT services and obtain information on safe feeding practices. It also utilizes community events and activities to mobilize pregnant women and their male partners around knowing their status, PMTCT and use safe feeding practices.

Lighthouse Foundation trains its peer educators and community facilitators to work in the 13 informal settlements in the Madibeng District of the North West province to incorporate PMTCT into their community outreach comprising door to door campaigns, HIV support group and men's support group in order to mobilize pregnant women and their male partners to know their HIV status, be referred to PMTCT services and educated on safe feeding practices.

LifeLine South Africa expands its innovative workplace approach from one informal settlement/rural area in Gauteng and Limpopo provinces to include an informal settlement in the Free State, Northern Cape, and Mpumalanga. This program works with management and employees in small and medium enterprises to develop a comprehensive program that trains peer educators (PEs). As part of its workplace-based program LifeLine provides pregnant women within these workplaces with counseling and testing so that they may be referred for PMTCT services, while sensitizing male workers on PMTCT so that they can support their partners. LifeLine works in partnership with the Small Business Associations and with the Farm Owners Associations in the areas that they operate in.

The Department of Correctional Services, a PEPFAR partner, trains master trainers from the Department that will train offenders within correctional facilities to provide peer education using the TshaTsha series to promote HIV prevention. In male and female correctional facilities knowledge of HIV status and PMTCT are addressed as key topics so that offenders can make appropriate decisions upon their release and

Activity Narrative: reintegration into society.

ACTIVITY 2: Mass media in support of Community Mobilization

ABC Ulwazi produces a radio talk show series tailored to 60 different community radio stations. Special emphasis is on male norms and behaviors, partner reduction, and on PMTCT. Each episode will end with a summary and clear messages on the topic discussed. Listeners' associations formed by local citizens have facilitators' guides to carry out community outreach interventions related to the series themes.

JHU in a public-private partnership with the South African Broadcasting Corporation co-funds two TV programs, nine local language radio programs and web support. Trailblazers, a community health show, broadcasts 13 episodes highlighting individuals that provide models of positive behaviors for others to emulate. A second season of the 26 episode TV drama (tentatively called Circles) deals with contextual issues relating to social and cultural norms that inhibit and/or support positive male norms and behaviors, including addressing the theme of male involvement in relation to PMTCT. Radio talk shows follow both programs, providing additional information and stimulating community participation.

JHU/CCP contributes towards meeting PEPFAR goals by building the capacity of individuals and the social networks through awareness, education and human support within the public health care system to support pregnant women to prevent mother-to-child transmission of HIV. The results expected include: (1) Contributing towards increasing the number of pregnant women accessing PMTCT services from the current 17%; (2) Ensuring that greater numbers of pregnant women are aware of their HIV status and enrolled into the national PMTCT program; (3) ART for treatment eligible pregnant women; (4) Essential care for women and children in need of PMTCT; and (5) Safe feeding and nutritional practices. This contributes to the goal of the National Strategic Plan for South Africa 2007 - 2011 by ensuring that 80% of people living with HIV and their families have access to an appropriate package of treatment, care and support services by 2011 through focusing on pregnant women and the wellness management of people before they become eligible for ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13952, 13953, 13954, 13964, 13955, 13956, 13957, 13958

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$354,500

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	100,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	16,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	2,000	False

Indirect Targets

JHU/CCP and its partners are engaged in mobilizing communities (women and men) around PMTCT through using interpersonal communication including community mobilization through activities such as household visits, structured community events and activities, discussions in clinics that form part of health centers and mobile clinics that visit hard to reach areas and underserved communities such as informal settlements and deep rural areas, tertiary campuses and workplaces. Through sensitizing women and men around PMTCT this activity mobilizes all women to undergo counseling and know their status so that they can access PMTCT services prior to delivery. As part of its efforts to strengthen the health delivery system a study will be undertaken examining the extent to which task shifting the care and support for people living with HIV (PLHIV), including pregnant women, within clinical settings and tertiary institutions contributes towards improved care and support for PLHIV, including pregnant women living with HIV. The indirect targets have been estimated in relation to the estimated number of people reached through community mobilization and the impact that task shifting from health care workers to TLPPs will have on improving the quality of care for women living with HIV.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	4640.08	**Mechanism:**	N/A
Prime Partner:	Kagiso Media, South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	7944.08	**Planned Funds:**	$1,599,320

Activity System ID: 13980

Activity Narrative: SUMMARY:

The Kagiso Educational Television (Kagiso) PMTCT activity focuses on male involvement in the prevention of mother-to-child transmission (PMTCT) to increase uptake of PMTCT through the expansion of a grassroots campaign targeting community-based men's groups. The campaign aims to create male awareness of PMTCT ensuring that men understand the implications of mother-to-child transmission (MTCT) and can support and encourage their pregnant partners to uptake PMTCT services.

BACKGROUND:

Low uptake of PMTCT services remains a challenge to successful implementation. Although coverage of PMTCT exceeds 80%, PMTCT uptake still hovers around 50%, indicating that the majority of women who need PMTCT services are being missed. Reasons for low uptake vary from health systems issues to social issues. Cultural and social values are prime factors, with fear of violence and abandonment from male partners due to HIV disclosure often cited as the primary reason for choosing not to be tested during antenatal care. Furthermore, many women assume that because they are faithful to their male partners, they cannot be HIV-infected and choose not test for HIV during antenatal care. MTCT is also affected by the cultural perceptions that breastfeeding is a practice adopted by model mothers and wives. Many HIV-infected mothers report that they breastfeed in the presence of their husbands and mothers-in-law, but formula feed when they are absent. These mothers are not aware that mixed feeding practices increase the risk of vertical transmission.

Anecdotal evidence suggests that many men are afraid to undergo HIV testing and use their wives' HIV test results as a proxy for determining their negative status. Conversely, when their wives test positive, they often do not assume they are infected. These misconceptions contribute to vertical transmission of HIV, and led to a joint decision by the USG Inter-Agency Task Force and the National Department of Health (NDOH) to target the partners of pregnant women and to develop a PMTCT male involvement campaign targeting grassroots men's groups.

Using FY 2006 PEPFAR funding, the grassroots male campaign was initiated. This campaign works directly with non-governmental and community-based organizations, sports clubs, savings associations, faith-based organizations and other men's groups at the community level to ensure HIV, AIDS and PMTCT information transfer, and to address gender, stigma and masculinity in the context of South African culture and how it relates to PMTCT.

Partners of women attending antenatal care are targeted by the campaign. The campaign aims to sensitize men to issues relating to PMTCT, to create a platform from which to address cultural and gender issues that impede the uptake of PMTCT.

FY 2008 funding will ensure expansion of the campaign to rural communities and will continue to target male partners of women attending antenatal care and family planning clinics to facilitate their understanding of HIV and AIDS and PMTCT issues, and to encourage them to get tested, "know their HIV status" and to support their partners, even if their results are discordant. Efforts will be made to hold support groups for men whose partners are in the PMTCT program, with a specific focus on the development of skills to reduce stigma. In addition, Kagiso will link with the SAFPU (South African Football Players Union) to expand its reach training the Union's HIV and AIDS facilitators, where they exist, and supporting the Union to select and train facilitators where they do not exist. This project has a particular focus on the year 2010 when South Africa hosts the Soccer World Cup.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Conducting workshops

Using FY 2008 funding, Kagiso will train male facilitators. Refresher training will be offered periodically. Trained facilitators/community activists will be responsible for conducting ongoing workshops with different male groups in their community. In each workshop or identified community activity, men will be taken through a number of activities aimed at increasing awareness and understanding of PMTCT and then each group of men will identify a community-based action or activity illustrating male support for PMTCT and build on its outcomes. These actions may range from wearing T-shirts with emblems supporting PMTCT, holding community meetings to address myths around PMTCT or encouraging men to go with their partners to antenatal care and to be tested. With monitoring and ongoing support from the workshop facilitators, the men will implement the activity in their communities. These activities will be developed and implemented by the communities and will focus on creating support and awareness for PMTCT. Using FY 2008 funding, the training curriculum will be accredited by the national accreditation board. This will ensure continued support and sustainability. Capacity in the provincial departments of health will be built around health communication by identifying community workers, volunteers or community health workers that are already trained in PMTCT by offering the accredited community-based male involvement training as a way for these community workers to continue their work and earn additional resources. This will extend the partnership between USG and SA NDOH to a grassroots level. Using FY 2008 funding, Kagiso also seeks to deepen productive relationships with national and provincial department of health initiatives such as MIPAA (Men in Partnership Against AIDS) and WIPAA (Women in Partnership Against AIDS) identified in the previous year.

Having established public-private partnerships (PPPs) with appropriate companies as well as training existing facilitators in fundraising, Kagiso will concentrate on establishing sustainability of these organizations with FY 2008 funds. These activities will be done in collaboration with Soul City training and outreach and the Soul Buddyz clubs throughout the country. Soul City is also a recipient of PEPFAR funds.

ACTIVITY 2: Media campaign rollout

Building on the project’s success stories profiled in FY 2007, FY 2008 funding will be used to ensure scale up and rollout of a media campaign entitled "Real Men Talking to Real Men." This campaign will draw on successes of FY 2007 and will aim to reach a wider audience through broadcasting on both television and radio. It will also leverage the hosting of the Soccer World Cup in South Africa in 2010 drawing on the relationship with the South African Football Players Union. The media campaign will operate at two levels

Activity Narrative: with the mass media campaign being a targeted media burst. For example, in August, which is traditionally "women's month," the messages could be differentiated by running a series of smart campaign commercials on SABC radio stations and for one week on SABC TV; the second level could be community radio and newspapers with a more specific messages drawing on the idea of Fathers to Fathers encouraging men at a community level to support each other and their HIV-infected partners. This campaign will be linked with community outreach through community radio, newspapers and other civil society initiatives to ensure that communities, particularly men, have a platform to discuss issues raised by the campaign. In addition, Kagiso will investigate digital storytelling and website channels and opportunities to provide skills and work opportunities for young men and women.

ACTIVITY 3: Support groups.

In FY 2007, Kagiso targeted women attending antenatal care and pregnant HIV-infected women attending support groups and encouraged them to bring their male partners to a discussion group. At the outset of the partner discussion groups, all aspects of pregnancy, not just HIV and PMTCT, are discussed. Groups meet regularly. Men are encouraged to attend antenatal care clinics with their partners and accept couple counseling and testing. Men who want to be tested but who do not want to go to the clinic are referred to alternative sites. The aim of the group sessions is to ensure the development of support networks for men whose partners are enrolled in PMTCT programs, and to encourage improved support to their partners, ensuring better uptake and adherence of PMTCT service delivery. Using FY 2008 funding, these groups will be expanded geographically. The groups will be modeled on the highly successful mothers2mothers initiative, although a different approach is being used to reach men. Men's groups will take place outside of the health facility, at places where they are comfortable hanging out. These include sporting grounds, churches, (through faith-based organizations) and informal stokvels (gatherings) or tavern associations.

ACTIVITY 4: Expansion

Funding will be used to expand the workshops and media campaign by linking the campaign with the South African Football Players Association Union (SAFPU). By linking the male involvement in PMTCT campaign to SAFPU, Kagiso will be able to reach at least 80,000 men and create greater awareness around HIV, AIDS and PMTCT. In addition, this linkage will enable SAFPU the opportunity to strengthen the HIV prevention campaign and to incorporate messages around PMTCT, thereby creating greater awareness among their members.

This activity contributes to PEPFAR 2-7-10 goals by increasing awareness of HIV and AIDS, increasing uptake of PMTCT, and reducing vertical transmission. Targeting men and ensuring men identify and implement community-based activities in support of PMTCT will improve community-wide support for PMTCT services. This activity will begin a process by which men begin to understand PMTCT. Increased male involvement and community support for PMTCT will improve uptake of PMTCT service delivery, contributing to the PEPFAR target of averting 7 million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7944

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23085	7944.23085.09	HHS/Centers for Disease Control & Prevention	Kagiso Media, South Africa	9892	4640.09		$873,154
7944	7944.07	HHS/Centers for Disease Control & Prevention	Kagiso Media, South Africa	4640	4640.07		$900,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	190,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	750,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

The OGAC indicators do not exactly relate to the Kagiso activities so no direct targets are provided. The activity will however increase uptake of the national PMTCT program. Therefore the targets are the same as the NDOH targets in this program area.

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4625.08
Mechanism: N/A
Prime Partner: McCord Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7906.08
Planned Funds: $649,640
Activity System ID: 14006

Activity Narrative: SUMMARY:

The McCord Hospital/Zoe Life's overall activities relate to building capacity at four municipal clinics in the Outer West area of Durban (KwaZulu-Natal province) to provide a strengthened and integrated prevention of mother-to-child transmission (PMTCT) service which is linked with tuberculosis (TB) and HIV care and treatment. Activities that will strengthen services include provider-initiated (with the option to opt-out) counseling and testing of all pregnant women attending the antenatal clinics, testing of partners and children of the index patient where possible, TB screening of HIV-infected pregnant women with referral for treatment where needed, antiretroviral (ARV) prophylaxis for HIV-infected women and newborns, maternal nutrition and infant feeding counseling and infant follow-up. Emphasis areas include local organization capacity development, strengthening of referral networks between PMTCT and other vertical programs, including pediatric services; human resource development through training, mentorship and supervision of PMTCT staff, quality assurance and improvement through supportive supervision, technical assistance and mentoring during site visits and strategic information strengthening through development of a simple integrated monitoring and evaluation system. The primary target populations are pregnant women, HIV-infected pregnant women, and their infants.

McCord Hospital currently receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

With FY2008 reprogramming funds, and as part of the optimization of services, the McCord PMTCT hospital -based program will be conducting a basic program evaluation which will feed directly back into the activities implemented by McCord Hospital and Zoë-Life. Up until now, the McCord PMTCT program focus has centred on whether HIV transmission occurs 6 weeks postpartum. However, there has been no assessment as to whether transmission is occurring later than 6 weeks postpartum and what the clinical and health outcomes of the PMTCT intervention are for mother and child. There has also been no way of determining whether infant feeding decisions made on discharge are, in fact, being correctly practiced. In addition, in an effort to address the high rates of postnatal lost to follow up that the Program had been experiencing, a follow up mother and baby wellness clinic, located within the PMTCT program, was recently established. This clinic offers primary health care services and HIV-related care and treatment to both mother and child. As such, an evaluation of this clinic will be conducted to determine whether it is proving successful in addressing the problem of lost to follow up. A concurrent evaluation of the long term clinical and health outcomes of the PMTCT program intervention will also be performed. These lessons will be used to strengthen both the hospital-based program and the clinic strengthening program.

BACKGROUND:

The South African Government (SAG) recently published results of the PMTCT program per province (2006 Antenatal HIV and Syphilis Prevalence Survey). Results of this survey show that KwaZulu-Natal continues to have the highest antenatal prevalence of HIV at 39.1%. This is 10% higher than the national prevalence of 29.1%. Current statistics at the four municipal clinics in the Outer West area of Durban show suboptimal uptake of PMTCT and poor follow-up of infants from the PMTCT program. There are currently no statistics to indicate the success of infant feeding interventions, infant follow-up rates or involvement of partners.

This is an ongoing activity designed to strengthen PMTCT services within the framework of a decentralization and integration of HIV care and treatment program. This project is supported by both municipal and provincial government. All protocols followed will be in line with the Provincial Treatment Guidelines, and outcomes of the program will be reported to the eThekwini (Durban) municipality as well as to the KwaZulu-Natal Department of Health. The implementing organizations, McCord Hospital and Zoe-Life, will strengthen capacity of staff employed by the municipal government (eThekwini Municipality) at the four clinics to optimize current PMTCT services.

ACTIVITES AND EXPECTED RESULTS:

An emphasis on gender equity in this program area will focus on optimizing the number of pregnant women who receive care, support and prophylaxis, as well as developing strategies to include partners of pregnant women in decision-making and issues relating to PMTCT. Partners will be encouraged to test for HIV, and infected partners or family members will be integrated into the HIV palliative care and antiretroviral treatment (ART) services program areas. Access to couple counseling will be increased, with focus areas around family planning, risk reduction, infant feeding choices and testing of family members included in the counseling and support.

ACTIVITY 1: Human Resources Strengthening

PEPFAR-funded staff with PMTCT expertise will provide onsite mentorship and supervision of staff of the PMTCT program at the four facilities to improve quality of PMTCT care; training and onsite mentorship of counselors and clinical staff at the four facilities to increase skills in couple counseling and integration of partners into PMTCT-related decision making; training of counselors and nurses in infant feeding choices and maternal nutrition; and training of nurses to draw blood from infants to increase access to infant testing.

ACTIVITY 2: Monitoring and Evaluation

This activity will focus on the development of a monitoring and evaluation (M&E) system that can integrate data from ART, TB, palliative care and PMTCT services. This M&E system will optimize the provincial PMTCT data protocols and ensure smooth referrals into other vertical programs.

ACTIVITY 3: Technical Support in Response to M&E Results

PEPFAR-funded staff will provide regular onsite technical support and training of staff to understand the outcomes of the M&E to improve quality of care and to highlight areas where necessary.

ACTIVITY 4: Follow-up of Infants

Activity Narrative: This activity will focus on the development of sustainable strategies to improve follow-up of infants using M&E tools and optimization of routine infant clinic visits (e.g., for immunizations, weighing, etc.).

NEW ACTIVITIES:
FY 2008 funding will go toward the following activities:

(1) Counseling services will be expanded to include pre-conception counseling, discordant couple counseling, extended family counseling and establishment of relevant and appropriate psychosocial support interventions including focused outcomes based support groups.

(2) Testing services will be expanded to include a second HIV test for all women at 36 weeks gestation who tested negative at first booking. This will ensure that all women who may have seroconverted during the pregnancy are able to participate in the PMTCT program.

(3) Care and Treatment services will be strengthened by improving early identification of women who require treatment, and by offering these women referral and fast tracking into established ARV treatment program.

(4) Follow up of infants will be strengthened by establishment of child-friendly spaces within the clinics and through sensitization of staff to improve case finding of all children attending the clinic and strengthening linkages with community-based health workers and birth attendants where possible.

(5) Linkages with the most common hospital-based delivery sites will be strengthened with the aim of improving perinatal management of the HIV-infected women through staff training, technical support and strengthening of case finding systems within the maternity unit.

(6) Linkages with schools and educational services will be formed and a program developed to sensitize young people to the realities of PMTCT and family planning. This activity will link with the provision of counseling and testing services at these centers, and will link schools with the clinics and NGOs that provide optimum PMTCT services.

Sustainability is addressed through the capacity building focus of this program area. PEPFAR-funded staff will not be permanently assigned to these clinics but will lend support and build capacity until South African Government-funded staff are able to sustain the program without assistance. The M&E system developed will be offered to the municipal and provincial government if it is useful within this context.

This program area expects to add quality and to increase uptake of PMTCT services in four municipal clinics. Uptake of PMTCT services is expected to increase by 30-50%. Zoe-Life and McCord Hospital expect to provide additional counseling services such as couple counseling, partner counseling and testing, and maternal nutrition testing. A follow-up system for infants will be developed which will capitalize on the routine immunization schedules, and an increase in infant and sibling testing is expected. HIV-infected infants or children will be supported according to the provincial pediatric treatment guidelines. Referral systems will be strengthened to ensure continuity of care. Infected infants will be referred for initiation of treatment and referred back to the ARV services program area for ongoing care once stabilized. This program area will thus increase access to treatment for infants and children.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by integrating PMTCT and HIV services, strengthening the public sector and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7906

Related Activity: 14007, 14008, 14009, 14010, 14011

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23184	7906.23184.09	HHS/Centers for Disease Control & Prevention	McCord Hospital	9935	4625.09		$489,336
7906	7906.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$317,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
14008	7910.08	6683	4625.08		McCord Hospital	$167,810
14009	7907.08	6683	4625.08		McCord Hospital	$204,670
14010	7908.08	6683	4625.08		McCord Hospital	$591,000
14011	7909.08	6683	4625.08		McCord Hospital	$570,360

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,080	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,468	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	4624.08	**Mechanism:**	N/A
Prime Partner:	Medical Care Development International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	7903.08	**Planned Funds:**	$224,000
Activity System ID:	14015		

Activity Narrative: SUMMARY:

Medical Care Development International - South Africa (MCDI-SA) is a US-based private voluntary organization (PVO) that is registered as a Section 21 company (NGO) in South Africa. MCDI-SA has been successfully implementing community public-health and social support projects in KwaZulu-Natal, South Africa, since 1995. Prior to PEPFAR funding, projects have incorporated activities focusing on traditional Child Survival (CS) interventions, reducing HIV and AIDS through prevention among youth and adolescents, assisting with CT/PMTCT site establishment, strengthening the government healthcare system's provision of services to and creating support groups for HIV-infected and TB-affected individuals, and supporting other health-supportive community-based initiatives. MCDI-SA seeks to prevent mother-to-child transmission (MTCT) through a comprehensive training and support program. Target populations include men and women of reproductive age, pregnant women, and people living with HIV and AIDS, and children under five. The major emphasis areas are all gender-related issues (addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs, increasing women's access to income and productive resources, increasing women's legal rights, and reducing violence and coercion), Human Capacity Development (in-service training and retention strategy), Local Organization Capacity Building, and include Child Survival and Safe Motherhood Wraparound Programs.

BACKGROUND:

FY 2008 PEPFAR funding will be used to expand MCDI-SA's ongoing PMTCT initiatives in rural Ndwedwe sub-district to the three remaining sub-districts of Ilembe District Municipality in KwaZulu-Natal province. The MCDI-SA PMTCT program is part of the Ndwedwe Integrated TB and HIV and AIDS program (NITHAP), funded by the USAID Child Survival Program, as well as Ilembe District Child Survival Project and UNICEF. Proposed activities are consistent with the South African Government's mission of preventing the spread of HIV. The main partner in this activity area is Ilembe District Department of Health. Other partners include South African non-governmental organizations (NGO) such as The Valley Trust and National Association of People Living With HIV and AIDS (NAPWA) as well as the Campus Law Clinic at the University of KwaZulu-Natal (UKZN). Activities in this area will provide the means to empower women of reproductive age in general to protect the health and well-being of their children and themselves and will provide pregnant women and HIV-infected pregnant women and mothers expanded access to counseling and testing (CT), PMTCT and antiretroviral (ARV) services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

MCDI-SA will continue to improve the capacity of local government-supported and volunteer-community health workers to provide quality CT, traditional VCT and PMTCT; services, and to educate the community on the importance of CT and PMTCT. Community Health Workers (CHWs), home-based care volunteers (HBCV), and other community influencers, such as traditional healers, religious and traditional leaders, will ensure that HIV-infected pregnant women and mothers adhere to PMTCT treatment and feeding protocols, i.e. taking nevirapine at the onset of labor, either on arrival at the health facility for delivery, or at home in a community setting (assisted by a birth companion) and adhering to exclusive infant feeding practices until appropriate weaning commences.

Training of health providers and community outreach workers will include the following: (1) Training of sub-district trainers, Community Health Facilitators (CHF) and health facility personnel on PMTCT/VCT and household and community integrated management of childhood illnesses (C/HH IMCI) by MCDI-SA and The Valley Trust; (2) CHFs will provide training to CHWs, HBCVs, Traditional Birth Attendants (TBAs), and Traditional Healers (THs) on C/HH-IMCI and Community PMTCT; (3) Households and communities as well as traditional healers and community and religious leaders will be reached by community workers and provided with information about Community and Household Integrated Management of Childhood Illnesses (C/HH-IMCI) and PMTCT. All training activities are based on the South African Government (SAG) PMTCT protocols. In addition, community workers will be provided with sound knowledge of C/HH-IMCI and community PMTCT and will serve as community advocates for CT and PMTCT to pregnant women in the area. Community awareness is a key to increasing access to PMTCT services and adherence to government healthcare and treatment protocols.

Training formats will be either small workshops held over one or more days or one-on-one mentoring and will be conducted by qualified nurses and/or South African Qualification Authority (SAQA)-accredited trainers. Training quality assurance will be measured through pre- and post-training evaluations as well as periodic follow up evaluations whenever feasible.

ACTIVITY 2: Pre- and Post-Natal Support Through HIV-infected Mothers Support Groups and Birth Companion Programs

MCDI-SA will continue its current efforts in providing HIV-infected women with psychosocial and other support as part of the PMTCT program. With FY 2008 funding, MCDI-SA will establish HIV-infected Mothers Support Groups in collaboration with the local National Association of People living With AIDS (NAPWA) affiliate. Locally recruited lay counselors trained by MCDI-SA and NAPWA will offer additional educational and psychological support to mothers support groups, and legal support will be provided through a partnership with the UKZN Campus Law Clinic. These support groups will: (1) guide new mothers on appropriate feeding practices; (2) assist new mothers in developing income generation and public awareness/anti-stigma projects; and (3) encourage information sharing on accessing and adhering to antiretroviral treatment (ART), childhood illness prevention, detection and treatment, accessing social grants, involving men in maternal and child care, and addressing and reducing domestic violence. HIV-infected mothers' support groups will be used as linkages between communities and health facility PMTCT/CT and ART services. Groups also will be mentored in how to register themselves as community-based organization who can receive funding for their own organized activities. Furthermore, birth companions will be identified and trained by MCDI-SA and NAPWA trainers to accompany pregnant women in all stages of the antenatal and postnatal periods. They will foster best practices in antenatal care, child bearing, and infant feeding and care, including ensuring that HIV-infected mothers adhere to PMTCT protocols related to self-administration of nevirapine in the home, when delivery does not take place in a

Activity Narrative: facility. In addition, Birth Companions will promote referral to the two ARV service centers in Ilembe sub-district. The Support Group Facilitators will work with the district Department of Health Community Health Facilitators, traditional birth attendants (TBAs), HBCVs and CHWs to identify Birth Companions among the community, family members or volunteers.

ACTIVITY 3: Facility PMTCT Service Quality Assessments

Using an assessment tool developed in conjunction with the Ilembe District DOH under the current TB-HIV service integration project, MCDI-SA will conduct annual assessments of PMTCT services at the facility level. This tool is similar in format to the District Rapid Assessment Tool (DRAT) that was developed to evaluate TB services in the Eastern Cape for the Equity Project, which has been adapted and expanded for use in Ndwedwe under our TB-HIV project, NITHAP. This tool, which provides a more in-depth understanding of service provision than current DoH data vehicles are able to collect and present, has proven to be effective for TB services, and will be adapted to address PMTCT service quality. Each assessment will evaluate the quality of PMTCT service provision in terms of number, training and tenure of personnel; adequacy of physical space, supplies and equipment; integration with ANC, VCT, and TB services; consistency of recording and reporting; and other key service points in compliance with NDOH PMTCT guidelines. Results and recommendations will be discussed on-site with the service providers as well as compiled and presented to the Ilembe District Health Management Team. DOH PMTCT program managers will be trained on use of the tool and provided with electronic copies of the tool for their ongoing use.

This project contributes to PEPFAR 2-7-10 goals by improving uptake and access of PMTCT services at public health facilities, facilitating the linkages between PMTCT and ART services, and providing psychosocial support to HIV-infected pregnant women and mothers, ensuring better adherence to PMTCT protocols and reducing the number of new infant infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7903

Related Activity: 14016, 14017

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22914	7903.22914.09	U.S. Agency for International Development	Medical Care Development International	9830	4624.09		$184,860
7903	7903.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14016	7904.08	6685	4624.08		Medical Care Development International	$224,000
14017	7905.08	6685	4624.08		Medical Care Development International	$224,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	3,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	10,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,800	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	75	False

Indirect Targets

Although MCDI is directly reaching PMTCT clients, indirect support will be provided to the overall Ilembe District PTMCT program. Project activities planned to support ongoing South African NDOH services include the following: (1) training of all facility nurses on PMTCT protocols that will provide sustainable benefits to all pregnant community members; (2) implementation of PMTCT service quality assurance through thorough PMTCT facility service assessments and on-site mentoring of facility staff for improvement; and (3) provision of a PMTCT quality assurance tool to the DOH for continued use and of training on its use. Estimates for the indirect targets are based on KZN DOH District Health Information System (DHIS) statistics for the number of the first visit antenatal care (ANC) clients in a one-year period and the proportion who are HIV (approximately 30%).

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Gauteng

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	257.08	**Mechanism:**	N/A
Prime Partner:	Medical Research Council of South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	3550.08	**Planned Funds:**	$1,072,500
Activity System ID:	14018		

Activity Narrative: SUMMARY:

This project is implemented by a consortium of organizations, including the Medical Research Council of South Africa (MRC), the Health Systems Trust, the University of the Western Cape (UWC) and Centre for AIDS Development, Research and Evaluation (CADRE). The project focuses on improving the outcomes of HIV-infected women and their infants through multiple approaches at the facility and the community level. The project will also include a targeted evaluation of PMTCT effectiveness. Emphasis areas include community mobilization/participation, needs assessment, quality assurance and supportive supervision, strategic information, and training. Target populations include infants, women, pregnant women, people living with HIV (PLHIV), HIV-affected families, nurses, and other healthcare workers.

BACKGROUND:
This ongoing project, started in FY 2005, builds on the PEPFAR-funded Good Start Cohort Study. The study results highlighted the need for greater community support for HIV-infected mothers in relation to infant feeding and postnatal care, and health systems weaknesses that have contributed to the poor performance of PMTCT programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Peer Support Project

With FY 2005 and FY 2006 PEPFAR funding, UWC developed training materials and trained 36 locally-identified peer supporters in basic child health skills. In FY 2007, the project focused on identifying pregnant women in 34 project clusters, followed by providing peer support to each of these households until the infants reached six months of age. The activity aimed to support exclusive infant feeding practices (either exclusive breastfeeding or formula feeding); encourage mothers to attend antenatal care and to be tested for HIV; support disclosure of HIV status; support access to child support grants; encourage women to attend clinics postnatally for immunizations; provide cotrimoxazole and access to antiretroviral (ARV) therapy if required; and support early cessation of breastfeeding for HIV-infected women choosing to breastfeed. In FY 2008, the project will focus more on the early neonatal period, with the peer supporter visits beginning within 24-48 hours after delivery. This change in focus is aimed at created greater linkages between communities and the facility-based PMTCT programs. During their initial visits, peer supporters will ensure that HIV-infected women's infants received nevirapine and that the women are aware of ongoing PMTCT-specific care during the postnatal period. Funding for this activity will be used to provide a stipend to the peer supporters, for supervision and mentoring of peer supporters and for transport to visit mothers in the clusters. The expected results from this activity include identifying HIV-infected women and providing community peer support to these women from the antenatal stage until the infants reach 10 weeks of age.

ACTIVITY 2: Monitoring and Evaluation:

Data collectors will be recruited to determine if the provision of peer support leads to increases in exclusive infant feeding practices, uptake of PMTCT-specific care (e.g. nevirapine CD4 testing, infant six week testing, cotrimoxazole) and improved infant HIV-free survival at 12 weeks. Data will be collected from mothers enrolled in the project when their infants reach 12 weeks. Information on infant feeding practices, morbidity, infant growth and health-seeking behavior of mothers will be collected. Dried blood spots will be taken to determine the rate of mother-to-child transmission of HIV at 12 weeks. This data will be used to determine the effectiveness of the peer supporter program on infant survival. The data will be reported to the provincial departments of health and based on the findings the provinces will determine how the peer supporter program should be scaled up.

ACTIVITY 3: Community Voluntary Counseling and Testing (VCT)

Using FY 2007 Funding, development of a pilot community-based VCT project for pregnant women is underway. FY 2008 funding will ensure continuation of this pilot project. This activity is being undertaken in the rural district of Sisonke in KwaZulu-Natal. It was designed in response to the finding that many pregnant women in this district do not know their HIV status and are not accessing facility-based antenatal VCT. FY 2008 funding will ensure employment of community VCT counselors who will go door to door in their communities identifying pregnant women and offering them home-based pre-test counseling. If women agree to be tested, a mobile testing team led by a nurse will visit the home to perform the testing and post-test counseling. Other household and family members will also be able to receive VCT. This project aims to assess the feasibility and acceptability of a home-based VCT model in a rural area in South Africa.

ACTIVITY 4: PMTCT Integration

During FY 2006, this project developed a baseline assessment tool to assess the integration of PMTCT within maternal and child health services. The assessments began in 2006/2007 in all facilities in two districts in KwaZulu-Natal and were undertaken as a participatory process with district management teams. During FY 2007, the results of the assessments were fed back to districts during workshops where district teams identified interventions aimed at improving PMTCT service delivery. Examples of interventions include provider-initiated opt-out antenatal HIV testing and an intervention to adapt the infant Road to Health Chart to improve the identification of HIV exposed infants. The main focus has been on providing technical assistance to district management teams to act on the identified bottlenecks to integration by developing action plans. During FY 2008, the project aims to implement the identified interventions in the two districts in KwaZulu-Natal and to monitor the effect of the interventions on key PMTCT indicators.

ACTIVITY 5: Facility-based Intervention

This project will involve various interventions to improve the quality of PMTCT care. Interventions would include training health workers on appropriate use of PMTCT and HIV registers and training on HIV/TB/PMTCT integration. During FY 2006 and 2007, two training workshops on TB/HIV/PMTCT registers were held in Sisonke district with 50 people trained. The revised registers have been introduced in the district. During FY 2008, the project plans to implement strategies to improve the linkages between the TB, HIV and PMTCT program through management training, information system support and operational research activities. This activity will be undertaken in Sisonke district, a rural part of KwaZulu-Natal.

Activity Narrative: These activities will contribute to PEPFAR's 2-7-10 goals by promoting exclusive infant feeding practices among HIV-infected women, increasing the number of pregnant women who are aware of their HIV status and who can access PMTCT, improving the quality of PMTCT services and providing strategic information regarding the operational effectiveness of PMTCT. Ensuring that more pregnant mothers are aware of their HIV status will empower more women to access PMTCT interventions, and a significant number of postnatal HIV infections will be averted by increasing the number of women who practice exclusive feeding during their infants' first year of life. These activities are in line with the USG goal of integrating maternal and child health services into primary care systems.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7955

Related Activity: 14015, 14016, 14017, 15085, 14019, 14020, 14021, 14022, 14023, 14024

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22920	3550.22920.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$1,041,295
7955	3550.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$1,734,434
3550	3550.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2705	597.06	Monitoring PMTCT	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14015	7903.08	6685	4624.08		Medical Care Development International	$224,000
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14016	7904.08	6685	4624.08		Medical Care Development International	$224,000
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14017	7905.08	6685	4624.08		Medical Care Development International	$224,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3564.08

Planned Funds: $1,475,813

Activity System ID: 14057

Activity Narrative: In close collaboration with the National Department of Health (NDOH), CDC will provide overall HIV and AIDS programmatic support to the national and provincial prevention of mother-to-child transmission (PMTCT) program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, provide financial and technical support quicker than the NDOH systems allow. PEPFAR PMTCT-specific activities are represented on the NDOH operational plan, and contribute to the overall implementation of the national PMTCT program.

SUMMARY:

The aim of the "In Support of the NDOH PMTCT" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of PMTCT services in all nine provinces. The major emphasis area is training. Minor emphasis areas include development of network/linkages/referral systems, policy development, local organization capacity development, quality assurance, and strategic information. Target populations for these activities include policy makers, National AIDS Control Program staff, other NDOH staff, other healthcare workers, women, family planning clients, pregnant women, people living with HIV, HIV-infected pregnant women and their infants.

BACKGROUND:

The goal of the National PMTCT program is to reduce mother-to-child transmission of HIV by improving access to HIV counseling and testing in antenatal clinics, improving family planning services to HIV-infected women, and implementing clinical guidelines to reduce transmission during childbirth and labor. In addition, the National program is responsible for ensuring follow-up of infants born to HIV-infected mothers and ensuring that these infants are identified early and referred to treatment if necessary. The purpose of this project is to provide technical assistance to NDOH by funding two program assistants to work within the NDOH on all aspects of the program. The technical assistance focuses particularly on capacity building of healthcare workers and community healthcare workers, development and implementation of provincial PMTCT-specific operational plans, strengthening national and provincial reporting systems, coordinating the national PMTCT steering committee meeting, developing a monitoring and evaluation system for early infant diagnosis and strengthening service delivery by implementing systems strengthening activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

In FY 2005, PEPFAR and the NDOH finalized the PMTCT and Infant Feeding Curricula and PEPFAR funding produced a trainers' guide, participants' guide and course directors' guide. In FY 2006, course directors and trainers were updated on the finalized curriculum and provincial training coordinators were assisted in developing provincial training plans to implement the curriculum at the provincial level. FY 2007 funding was used to ensure expansion of the PMTCT training throughout the country. Particular support was given to expand training on PCR implementation and monitoring and evaluation of the PMTCT program. FY 2007 Plus up funding will be used to align the existing PMTCT and Infant Feeding Curricula with the important policy shift in the area of PMTCT ARV prophylaxis. As of FY 2008 the national PMTCT policy will no longer be single dose nevirapine, but the provision of dual therapy to all HIV-infected pregnant women. It is anticipated that the regimen will be AZT from 24-28 weeks and nevirapine at the onset of labor. FY 2008 PEPFAR funds will be used to assist the NDOH and provincial DOHs to develop strategies for the implementation of the new PMTCT policy, the development and printing of the new PMTCT guidelines, training and updating of all health care workers. Funds will be used to ensure that all healthcare workers offering antenatal care, postnatal and child health services receive training. These activities will contribute to the PEPFAR goal of averting seven million new infections, as healthcare workers will be trained to integrate PMTCT into routine service, and more pregnant women will receive PMTCT services.

ACTIVITY 2: Technical Assistance

In FY 2004 CDC placed a technical advisor at the NDOH to support the PMTCT program. For the last three years, this advisor has worked closely with the national PMTCT program and the national PMTCT steering committee to identify gaps and challenges to PMTCT implementation and develop strategies to strengthen PMTCT implementation. As the PMTCT policy will shift in FY 2008, it is necessary to bring an additional PMTCT advisor on board to assist the NDOH in the roll-out of the dual therapy PMTCT policy. This will mean that in FY 2008, CDC will support two PMTCT advisors at the NDOH. The one advisor will focus on the maternal aspects of the PMTCT program and integration of PMTCT into antenatal care services. This advisor will be tasked with assisting the NDOH increase PMTCT uptake, develop strategies and provincial operational plans for the roll-out of dual therapy, providing technical assistance to the provinces to address health systems challenges in PMTCT implementation. A second advisor will focus on ensuring rollout of early infant diagnosis, ensuring stronger linkages between PMTCT and treatment, care and support, addressing infant feeding issues and creating systems to improve follow-up of PMTCT enrolled mothers and their infants. These advisors will offer technical assistance for the implementation of policy, monitoring and evaluation and day-to-day programmatic support to the NDOH. The technical advisor will conduct provincial site visits to assess quality of PMTCT service delivery and will work directly with the provinces to strengthen and improve existing services.

ACTIVITY 3: Monitoring Early Infant Diagnosis

Using FY 2007 and FY 2008 funding a monitoring and evaluation system for early infant diagnosis is currently being developed and piloted at the coronation hospital complex in Gauteng province. FY 2008 funding will be used specifically to support the scale-up and rollout of early infant diagnosis services to other clinics and hospitals in Gauteng province. The monitoring and evaluation system is currently being developed as no national system to monitor early infant diagnosis exists. The district health information system (DHIS) which is responsible for the national data set only captures the number of infants tested at 12 months of age. The new system includes monitoring and evaluation training on the national early infant diagnosis testing protocol implementation, implementation itself and client adherence and follow-up. The activity is a logical follow-on from the formative/descriptive work conducted in FY 2006, and the results obtained from the formative work served as the basis for formulating monitoring and evaluation tools (both quantitative and qualitative, exploring both quality of care and service provision and client adherence and

Activity Narrative: psychosocial impact) that can be used for early infant testing rollout. Expected results include development of a draft monitoring and evaluation package to be tested in a number of facilities as the early infant testing training and protocol are progressively rolled out. The draft package will also include an assessment of the feasibility of implementing the package in different types of health facilities and how it can be adapted to facilities already offering the service. In addition, while the monitoring and evaluation package will be thorough and comprehensive, certain components may not be realistic for certain clinical settings. Therefore, part of the package will explore different levels of monitoring and evaluation (gold, silver, bronze standard) depending on the clinical environment. This will ensure exploration of quality of care issues in greater depth. This activity will contribute to PEPFAR goals by facilitating a process where HIV-infected infants can be identified early and referred to antiretroviral therapy facilities for monitoring and ensuring that they receive treatment at the appropriate time. In addition, the focus on quality of care will ensure sustainable implementation of early infant diagnosis.

ACTIVITY 4: Collaboration with Other Donors and Stakeholders

At the request of the NDOH, a stakeholders analysis of PMTCT activities is currently underway. This analysis will identify and map all existing PMTCT activities taking place around the country. It will facilitate the identification of gaps in PMTCT service delivery and highlight the different levels of support being given by various donors and stakeholder to the NDOH PMTCT program. FY 2008 funding will be used to hold a National PMTCT stakeholders workshop, where the results of this analysis will be presented. The NDOH, the donors and stakeholders will then decide how to scale up and strengthen PMTCT activities. The premise behind the stakeholders workshop is to ensure that there is no overlap in activities, all areas of the country are being provided with support and assistance and that stakeholders and donors are collaborating in the rollout of PMTCT services. The expected result of this activity will be the development of one national annual PMTCT operational plan for South Africa. The NDOH, with support from CDC, will take the lead on this activity.

The "In support of NDOH" activity plays a pivotal role in the implementation of the national PMTCT program as all activities assist the NDOH and provincial departments of health in the rollout of the New Strategic Plan (NSP) for HIV and AIDS, and the accelerated prevention strategy. Funding will ensure that the new PMTCT policy is disseminated throughout the country and that health care workers are trained in accordance with the NSP. This program will contribute to 2-7-10 goals by ensuring implementation of quality PMTCT services and by preventing vertical transmission.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7369

Related Activity: 14058, 14068, 14069, 14063, 14071, 14059, 14060, 14061, 14062

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22845	3564.22845.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$1,219,902
7369	3564.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$1,671,409
3564	3564.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	190,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	750,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	3,000	False

Indirect Targets

As provider initiated CT is rolled out over the next year, uptake of PMTCT will increase. Currently uptake is 55%, however the SAG aims to achieve 70% uptake of PMTCT service delivery by September 2009. In addition, as dual therapy is rolled out, it is anticipated that the number of pregnant women who complete a complete course of ARV prophylaxis will also increase.

USG staff work closely with the NDOH to improve PMTCT uptake and service delivery. Staff assisted with drafting the revised PMTCT protocol to include the introduction of dual therapy and provider-initiated CT. PEPFAR support to the National PMTCT Program includes: training of all facility nurses on PMTCT protocols that will provide sustainable benefits to all pregnant community members; implementation of PMTCT service quality assurance through thorough PMTCT facility service assessments and on-site mentoring of facility staff for improvement; and provision of a PMTCT quality assurance tool to the DOH for continued use and of training on its use.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 588.08

Mechanism: Strengthening Pharmaceutical Systems

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 7854.08

Planned Funds: $349,200

Activity System ID: 14002

Activity Narrative: SUMMARY:

Management Sciences for Health (MSH) has been awarded the RPM Plus follow-on: Strengthening Pharmaceutical Systems (SPS), therefore all RPM Plus activities for FY 2008 will be undertaken by SPS. SPS will strengthen the pharmaceutical component of the Prevention of Mother-to-Child Transmission (PMTCT) services at the facility level and the role of pharmacy personnel in promoting and supporting PMTCT services. Three activities have been identified: 1) strengthening health personnel capacity to support the PMTCT program, assisting with the review of National PMTCT standard treatment guidelines (STGs); 2) monitoring of PMTCT commodities; and 3) improving management of patients to support National Department of Health (NDOH) prevention efforts. The major emphasis area is needs assessment, and minor emphasis areas include human resources, linkages with other sectors, logistics and training. Target populations include women, infants, family planning clients, people living with HIV (PLHIV), policy makers, national program staff, and public doctors, nurses, pharmacists, and other healthcare workers.

BACKGROUND:

In South Africa, the implementation of PMTCT services is one of the key HIV and AIDS interventions, as prevention remains the cornerstone of the country's response to HIV and AIDS. PMTCT services are available through hospitals, midwife obstetric units, community health centers and primary healthcare clinics. In 2003, RPM Plus received funds from the USAID Child Survival program to assist in strengthening the "pharmaceutical component" of the PMTCT program. An in-depth analysis of existing policies and practices was conducted and is being applied in collaboration with the National and all nine provincial Departments of Health. SPS is also providing support to the NDOH Pharmaceutical Policy and Planning Cluster (NDOH-PPP), and the Medicines Control Council (MCC) with the selection and review of the drug(s) and regimen of choice for PMTCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening health personnel capacity to support the PMTCT program

SPS will conduct provincial workshops for pharmacists, pharmacist's assistants and nurses to address issues identified during the assessment of PMTCT services and will include an update to health staff on recommended ART regimen(s) for pregnant women and the associated clinical pharmacology (i.e., drug of choice, adverse-drug-event while on ART). The focus of the provincial workshops will be on training primary healthcare (PHC) level workers, as PHC sites constitute one of the primary sites for prevention, and also diagnosis, staging, referral and routine follow-up of HIV-infected patients. Quantification of PMTCT related medicines and commodities will also be addressed during the training. Additional provincial workshops will be conducted during FY 2008. The expansion of the National ARV program to the PHC level is anticipated to take place during this period. A full comprehensive training program will be implemented in provinces and local government authorities.

ACTIVITY 2: Technical assistance

SPS will continue the ongoing support provided to the NDOH Essential Drugs List Committee in reviewing PMTCT drug(s) of choice and standard treatment guidelines (STGs), to the MCC on regulatory issues, and to the NDOH PMTCT Task Force in planning implementation of the strategy. This activity also includes the review and development of training modules to include new PMTCT STGs in the training conducted by SPS (e.g., HIV and AIDS management and Pharmaceutical and Therapeutic Committee training). The review of the National PHC EDL is underway and includes the review of PMTCT STGs. In FY 2008 SPS will continue to provide support in the implementation of the recommendations that arose from the PMTC assessment and National workshop.

ACTIVITY 3: Monitoring of PMTCT commodities and patient management

SPS will implement systems (manual and computerized) to monitor the use of PMTCT commodities and the management of patients at PHC level. This includes the monitoring of distribution and use of cotrimoxazole, nevirapine and/or AZT.

These activities contribute to the PEPFAR 2-7-10 goals by improving the quality of the PMTCT services provided at the facility level.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7854

Related Activity: 14003, 14004, 14005

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23104	7854.23104.09	U.S. Agency for International Development	Management Sciences for Health	9901	588.09	Strengthening Pharmaceutical Systems	$339,817
7854	7854.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14003	7856.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$407,400
14004	3087.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000
14005	3088.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	40,000	False
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	40,000	False
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	450	False

Indirect Targets

By training 50 health workers (pharmacy personnel and nurses) to support PMTCT services; SPS will indirectly strengthen service delivery for the overall PMTCT program in the provinces. In addition, SPS will conduct focused provincial assessment of the pharmaceutical component of PMTCT services, as well as assist with the review of National PMTCT standard treatment guidelines. SPS will indirectly support 40 sites with an estimated number of 1000 PMTCT patients/site.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	257.08	**Mechanism:**	N/A
Prime Partner:	Medical Research Council of South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	15085.08	**Planned Funds:**	$500,000
Activity System ID:	15085		

Activity Narrative: PMTCT National Public Health Evaluation (PHE)

Title of Study: Targeted National PMTCT Evaluation

Time and Money Summary: The Consortium (Medical Research Council of South Africa (MRC), the Health Systems Trust, the University of the Western Cape (UWC) and Centre for AIDS Development, Research and Evaluation (CADRE) is using FY 2007 funds to conduct an analysis of the cohort data described below and consultation with relevant experts and stakeholders to develop the research plan for the cross-sectional national PMTCT survey. The initial modeling analyses and research planning activities will be completed within one year of receipt of funds. The project started in July 2007 and the project is expected to run over three years. The activities described in the 2007 COP are expected to be completed in the first year of funding. There will be no funds leveraged from other sources.

Local Co-investigator: The Principal Investigator for the MRC CDC-PEPFAR award is Mickey Chopra. This project will be conducted through a consortium of research partners, including the following co-investigators: Debra Jackson from University of the Western Cape; Mark Colvin and Alan Matthews from CADRE (Dr. Matthews is also a SACEMA Fellow); Ameena Goga from University of the Witswatersrand; and Tanya Doherty and Wesley Solomons from the Medical Research Council.

Project Description: At the request of the National Department of Health (NDOH), MRC has been requested to evaluate the national PMTCT program. In FY 2007 the project focuses on analysis of cohort data, review of the literature and beginning modeling the transmission data from the previous PEPFAR funded PMTCT cohort study. This will provide estimates of postnatal HIV transmission across three sites with different infant feeding patterns. FY 2007 also focuses on the development of a cross-sectional study design and planning. As part of this planning process, during FY 2007 relevant national, provincial and local stakeholders are engaged to assure relevance of the cross-sectional survey for program policy and planning. During FY 2008 the project will undertake a nationally representative survey of facilities providing PMTCT in all nine provinces. This cross-sectional component will take place at immunization clinics where mothers who are bringing their infants for six week immunizations will be asked for consent to perform an ELISA test on their infants. A positive ELISA test indicates that the infant was exposed to HIV. In this event, a further blood spot will be tested with a DNA PCR to determine early transmission rates. Mothers will also be interviewed to determine their access to PMTCT during antenatal care. Finally, after completion of the cross-sectional survey, data from the cohort studies will be used to model late transmission of HIV, and this data will be taken from results obtained from the cross-sectional approach as six week testing is the recommended testing point in the national program and most infants are lost to follow up after this point. Data from the evaluation will be used by provincial and national departments of health to strengthen PMTCT service delivery.

Status of Study/Progress to Date: A study protocol has not yet been developed. A study protocol will have been developed and submitted to the MRC Research Ethics Committee and the CDC for review during FY 2007.

Lessons Learned: Not applicable. This project has only just started.

Information Dissemination Plan: Once the evaluation has been completed, presentation of data will be made to national and provincial stakeholders in PMTCT and HIV and AIDS Policy and Programs. In addition, the consortium will develop policy briefs for policymakers summarizing the key findings in simple language and making brief practical policy recommendations. Presentations will also be made at relevant scientific meetings and manuscripts prepared for submission to peer review journals in the field of public health and/or HIV and AIDS.

Activities: FY 2008 COP activities will be expanded to include: (1)Cross-sectional survey of a representative national sample of PMTCT sites throughout South Africa. (2) On-going development of models for postnatal transmission of HIV based on the previously conducted cohort study, national data and national and international literature in coordination with South African Centre for Epidemiologic Modeling Analysis (SACEMA). FY 2008 COP activities will be planned in greater detail once the initial planning phase (using FY 2007 funds) has been conducted.

Budget Justification for FY 2008 Monies (please use US dollars):
Salaries/fringe benefits: $150,000
Equipment: $10,000
Supplies: $5,000
Travel: $100,000
Participant Incentives: $10,000
Laboratory testing: $200,000
Other: $25,000
Total: $500,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14015, 14016, 14017, 14018, 14019, 14020, 14021, 14022, 14023, 14024

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14015	7903.08	6685	4624.08		Medical Care Development International	$224,000
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14016	7904.08	6685	4624.08		Medical Care Development International	$224,000
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14017	7905.08	6685	4624.08		Medical Care Development International	$224,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7300.08	**Mechanism:**	N/A
Prime Partner:	Pathfinder International	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	15942.08	**Planned Funds:**	$250,000
Activity System ID:	15942		

Activity Narrative: SUMMARY:

Pathfinder will implement activities aimed at equipping clinics to offer prevention of mother-to-child transmission (PMTCT) services, train nurses in the provision of PMTCT services and train peer educators in case finding and supporting groups. The emphasis areas for these activities are human capacity development and local organizational capacity development. The target population is women between the ages of 15-24 years.

BACKGROUND:

Pathfinder International is a new PEPFAR partner and all activities related to this project will be initiated in FY 2008. The objective under this program area is to improve access to youth-friendly PMTCT services, including the prevention of unwanted pregnancies and protection/treatment of the pregnant women. All activities will be implemented by Planned Parenthood Association of South Africa (PPASA) and services will be made available in PPASA youth-friendly service (YFS) clinics in KwaZulu-Natal, Gauteng, North West, and the Eastern Cape. Antenatal Care (ANC) comprises a large percentage of services delivered in YFS clinics. With demand for ANC among young people increasing, the YFS clinics are well positioned to offer the continuum of PMTCT services in the selected sites. The establishment of PMTCT services will have a two-pronged approach: increasing PMTCT services at YFS clinics and encouraging community support/mobilization for these services. The clinics will provide ANC, VCT, infant feeding and psychosocial counseling, ART, family planning in the context of HIV and referrals for optimal obstetric care, newborn care (including infant feeding options), and well-child/well-mother follow-ups. The community (through existing networks of peer educators and local NGOs) can be organized, trained and be supported to identify cases; support young women during pregnancy and home-birth; encourage facility delivery; provide information on PMTCT; and promote safer breastfeeding. These elements of service provision must be carefully linked and coordinated to guarantee the even flow along the continuum of care for the young woman and family at risk. A two-way referral system, training of facility-based providers and peer educators, and sensitization of facility-based staff and community leaders are all part of establishing this two-pronged approach. This effort to integrate PMTCT services into existing YFS clinics will utilize and strengthen the existing infrastructure and systems in the selected sites to ensure sustainability in preventing new infections.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: PMTCT Continuum of Services

PMTCT services for young people will go beyond the usual focus on pregnant women to engage partners, family members and the community in institutionalizing the services and reducing the stigma associated with them. VCT is an important entry point for PMTCT services, starting with primary prevention for couples intending to have children and then promoting VCT early in pregnancy to minimize chances of MTCT. VCT, as a routine part of ANC, is the cornerstone of PMTCT. Consistent and correct condom use after pregnancy, as well as early postpartum care will be encouraged through counseling on family planning. Family planning and dual protection for young mothers will be reinforced in PMTCT training of service providers. Nurses will also be trained in the provision of youth friendly PMTCT services. Pathfinder will also conduct monthly supervision and refresher training meetings with nurses providing PMTCT. The project will train peer educators to find young pregnant women in the community and encourage them to use youth-friendly PMTCT services. The project will also establish a two-way referral system between providers and peer educators. The peer educators will refer young pregnant women from the community to the YFS clinic and the nurses will refer the pregnant women who test positive to the peer educators for ongoing support during their pregnancy.

ACTIVITY 2: Guidelines for PMTCT

The project will follow the National PMTCT guidelines and will expand them by adding best practices and practical guidelines on PMTCT services for young people. Pathfinder will adapt these guidelines to be more youth-focused and use the national training curriculum on PMTCT, complemented by Pathfinder's PMTCT curriculum developed in Kenya, to train doctors and nurses specifically on issues relating to youth and PMTCT. It is also crucial that providers be trained in YFS and counseling for pre- and post-testing, as well as to provide support throughout the PMTCT continuum.

ACTIVITY 3: Behavior Change Communication (BCC) Interventions for PMTCT

The BCC campaign will increase knowledge about and motivation for the use of PMTCT services. Aside from gaps in service delivery that will be addressed through the project, cultural barriers to testing for pregnant women (such as stigma, denial, and lack of partner, familial or community support) will be addressed through a PMTCT BCC intervention. Because the PMTCT services will be offered through existing youth-friendly clinics providing an array of services, including ANC, the common stigma associated with seeking PMTCT services will be reduced and young women will be able to seek the services confidentially at the clinics. The project will benefit from lessons learned from Pathfinder's PEPFAR-funded PMTCT work in Botswana and in Kenya, as well as the Ndola demonstration project run by AED in Zambia. These successful BCC messages will be adapted to focus on youth for the South African setting. The first BCC priority will be to develop materials for young clinic clients and providers. Community outreach efforts to increase awareness of services will be coordinated with other HIV and AIDS awareness activities, especially those under this project on VCT and community home-based care (CHBC). BCC efforts will also encourage young expecting couples/partners to utilize services at YFS clinics to prevent MTCT. Finally, information campaigns on PMTCT will be carried out by peer educators in the waiting areas of clinics. Pregnant clients waiting for services will be informed that PMTCT services are available and will learn of the importance of protecting their own health and the health of their child.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of PMTCT services in order to identify HIV-infected pregnant women and increase the number of pregnant women receiving ARV services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15940, 15941, 15943

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15940	15940.08	7300	7300.08		Pathfinder International	$250,000
15941	15941.08	7300	7300.08		Pathfinder International	$250,000
15943	15943.08	7300	7300.08		Pathfinder International	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	840	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	504	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	18	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal
North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7316.08

Mechanism: CARE UGM

Prime Partner: Wits Health Consortium, NHLS

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16023.08

Planned Funds: $183,262

Activity System ID: 16023

Activity Narrative: SUMMARY:

The Wits Pediatric HIV Clinics (WPHC) and National Health Laboratory Service (NHLS) will use PEPFAR funds to expand a demonstration project that was implemented with FY 2006 and FY 2007 funding. The project is aimed at increasing access to early HIV diagnosis for infants, and developing guidelines for rollout of the project on a national level. This project was specifically requested by the Gauteng provincial Department of Health (DOH), with strong support from the National Department of Health (NDOH) and its Prevention of Mother-to-Child Transmission (PMTCT) Early Diagnosis Committee. Local organization capacity building, in-service training and ongoing operational research validating suitable HIV assays will be the major emphasis areas for this program, with minor emphasis given to commodity procurement, development of networks, linkages, and referral systems (especially between immunization clinics, early infant diagnosis and treatment, care and support),and logistics. The primary target population will include HIV-exposed infants (birth to five years old) and infants who are not infected, and secondary target populations include lab workers, doctors, nurses and South African government policy makers.

BACKGROUND:

Early infant diagnosis of HIV is vital for monitoring PMTCT programs and identifying HIV-infected children to receive care. Diagnosing HIV in children is more complex than in adults because of the interference of maternal HIV antibodies during infancy and ongoing exposure to the virus during breastfeeding. To date, HIV diagnostic services for children in low resource settings have been neglected and healthcare workers are not familiar with its theory or practice. About five million people in the country are HIV-infected and it is estimated that about 500,000 of these, which include 60,000 children, are in urgent need of antiretroviral (ARV) therapy. One frequently cited reason for so few children accessing treatment is the fact that mechanisms to diagnose infants early are not in place. Although NDOH Guidelines have made provisions for early diagnosis with HIV DNA PCR, in most places this has not yet replaced the previous protocol of using HIV ELISA tests at 12-months of age. In reality, infants are not followed up either die before accessing care or only present once they are already ill with their first HIV-related illness. Lack of early diagnosis for exposed infants and the integration of PMTCT services with services providing ARV drugs have been identified as keys to improving access to care for HIV-affected children and their families, and thereby increasing the number of HIV-infected people receiving treatment.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical assistance and scale-up of early infant diagnosis

Using FY 2008 funding, this activity aims to assess the implementation challenges and develop guidelines to scale-up early infant diagnosis for infants born in PMTCT programs. Technical assistance will be provided to the provinces to help facilitate the rollout of early infant diagnosis services. This project was specifically requested by the Gauteng province DOH, with strong support from NDOH and its PMTCT Early Diagnosis Committee. Technical assistance will be provided to improve lab infrastructure to conduct early infant diagnosis and scale up these services around the province. Technical assistance will be provided to establish dried blood spot testing in all HIV DNA PCR laboratories; to make monthly PCR test statistics available, e.g., to "Concerned Pediatricians" to monitor progress; to optimize current and new HIV assays used; to update diagnostic algorithms for children in an evidence-based manner; and to establish a system for feedback from clinics for central monitoring, e.g., service issues, quality control, etc.

ACTIVITY 2: Capacity Building

In FY 2008, WPHC and NHLS will continue to facilitate training of clinic healthcare workers including nurses, doctors and lab technician in the area of early infant diagnosis and update training content as practice evolves. The training will ensure that infants exposed to HIV accessing immunization clinics at six weeks of age are offered PCR testing. Training will help facilitate an average increase in test volumes from 3,000 to 4,500 per month.

ACTIVITY 3: Linking the expanded program for immunizations (EPI) at primary healthcare clinics (PHC) with early infant diagnosis.

In FY 2008, WHPC and NHLS will continue to explore systems to ensure PHC clinics act as entry points for HIV-affected children by identifying HIV-infected children (and other family members) for comprehensive HIV medical care, including referral between PHC and hospital facilities.

The NHLS early infant diagnosis demonstration project directly contributes to PEPFAR's 2-7-10 goals by increasing the number of infants accessing treatment in Gauteng, and serving as a platform for expansion of early infant diagnosis programs throughout the country. These activities support the PEPFAR Five-Year Strategy for South Africa by supporting government efforts to improve quality of and access to care and treatment for HIV-infected children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16285, 13701

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510
16285	16285.08	7316	7316.08	CARE UGM	Wits Health Consortium, NHLS	$191,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 262.08

Mechanism: N/A

Prime Partner: National Institute for Communicable Diseases

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15939.08

Planned Funds: $250,000

Activity System ID: 15939

Activity Narrative: SUMMARY:

Using FY 2006 and FY 2007 PEPFAR funding, an evaluation of existing program data was conducted to understand barriers to effective implementation of maternal syphilis screening and treatment in existing antenatal care (ANC) programs, including links between syphilis and HIV screening. Based on the evaluation results, a new activity is planned to promote integrated prevention of mother-to-child transmission (PMTCT) and syphilis screening in government-run primary healthcare facilities providing ANC services in two provinces, Gauteng and Northern Cape. These provinces were identified in consultation with the National Department of Health (NDOH). The primary emphasis area addressed by this project is policy and guidelines. Target populations are pregnant women, HIV-infected pregnant women and healthcare workers, including nurses, traditional birth attendants and pharmacists, working in antenatal care facilities.

BACKGROUND:

The evaluation described above is expected to be completed in August 2007, with summary results and a report provided shortly thereafter. FY 2008 funds will be used to implement improved service delivery activities based on the findings. The activity is planned to be conducted within existing primary care settings providing ANC to women in their locality, and thus is directly coordinated with and supported by both the South African national and provincial sexually transmitted infections (STI) program. The prime partner, CDC's Division of STD Prevention (DSTDP), provides technical expertise and oversight for the project. DSTDP works directly with the provinces of Northern Cape and Gauteng to conduct activities. DSTDP also sub-contracts with the National Institute of Communicable Diseases (NICD)/STI Reference Centre (STIRC), a South African parastatal, for hiring additional staff, laboratory quality assurance testing and other needed preventive services. Gender issues will be addressed indirectly (e.g., training will cover concerns about partner violence associated with HIV testing; pregnant women's access to ANC/PMTCT services will be encouraged and covered in training).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Dissemination of findings from the evaluation

A meeting of local/provincial health departments will be held to review results of the evaluation and develop a plan of action that (1) integrates HIV testing along with syphilis screening in ANC clinics; (2) integrates rapid identification and treatment of women who test positive for syphilis and/or HIV through support of lab capacity; (3) supports pregnant women who are not currently accessing ANC services to do so; and (4) considers uses of alternative models of integrating service and providing PMTCT. Results will also be presented at the National PMTCT Steering Committee meeting.

ACTIVITY 2: Setting up a demonstration project

The evaluation that was conducted highlighted a number of challenges to PMTCT implementation. In order to address these challenges and set up a best practice model for PMTCT implementation in Gauteng province and the Northern Cape province, two demonstration projects will be implemented. These demonstration projects will address challenges to implementation. Interventions will be implemented in the demonstration project to ensure high quality PMTCT services are rendered. Some of the proposed interventions include opt-out provider initiated counseling and testing, referral networks between PMTCT and treatment, care and support, dual therapy, mechanisms to follow-up HIV exposed infants in the community and reduce loss to follow-up and the implementation of a holistic service. The idea is to set up best practice models in the provinces that can serve as training sites, and a resource to the province for the implementation of interventions aimed at strengthening PMTCT service delivery.

ACTIVITY 3: Human Capacity Development

Human capacity will be developed through the training course and ongoing support to nurses providing ANC services for a high quality program. These activities will involve the revision of currently approved government training curricula (manuals, etc.) and training of primary healthcare nurses providing ANC services that focus on enhancing antenatal HIV and syphilis testing, treatment and services, and encouraging access to care for pregnant women. This project aims to improve access and quality of PMTCT services, to identify HIV-infected or syphilis serology positive pregnant women, and to increase the number of women receiving treatment for syphilis and antiretroviral (ARV) prophylaxis to prevent STI and HIV transmission to infants.

By addressing enhanced PMTCT through improving ANC systems for HIV and syphilis screening, it contributes to the PEPFAR prevention objective of 7 million infections averted. This project contribute to PEPFAR 2-7-10 goals by improving access to and quality of PMTCT services to identify HIV-infected pregnant women and increase the number of women receiving ARV prophylaxis to prevent HIV transmission to infants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

Northern Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 242.08

Mechanism: ACCESS

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21086.08

Planned Funds: $491,750

Activity System ID: 21086

Activity Narrative: SUMMARY:

JHPIEGO will continue conducting monitoring and evaluation (M&E) training in PMTCT for staff from National Department of Health (NDOH) and provinces. In FY 2007, JHPIEGO would have implemented activities to strengthen PMTCT services in North West province. JHPIEGO will increase its geographic depth by expanding the model PMTCT facility that will link essential PMTCT services among six feeder primary healthcare clinics (PHC) and the district hospital in a targeted district in North West province. This program will be used as a model of best practice for the province, and will be expanded to other districts in FY 2008. JHPIEGO will also expand the Training Information Monitoring System (TIMS) to three additional provinces. Emphasis areas are training, human resources, quality assurance and supportive supervision, and strategic information. Target groups include adults, family planning clients, people living with HIV, HIV-infected infants, public health workers and policy makers.

BACKGROUND:

Using PEPFAR funding, JHPIEGO has provided M&E training to the NDOH since FY 2004. In FY 2007, JHPIEGO provided support and technical assistance to introduce an integrated model to adopt and support a PMTCT service delivery facility in North West province. JHPIEGO will continue this work in FY 2008, and will also expand this support to an additional district in the NWP. JHPIEGO proposes that the integrated PMTCT model combine antenatal care (ANC)/delivery services at the district hospital level inclusive of its feeder clinics, thereby increasing access and standardizing services. Currently, adequate referral systems between the PHC feeder sites and district hospital are lacking. This model will improve comprehensive PMTCT by addressing each pillar of the World Health Organization's (WHO) framework for PMTCT services, including (1) primary prevention of HIV infection, (2) prevention of unintended pregnancy among HIV-infected women, (3) prevention of transmission from HIV-infected women to their infants, and (4) care, treatment, and support for HIV-infected women and infants. JHPIEGO will work closely with the North West province Department of Health (NWDOH) HIV and AIDS directorate, and district health authorities to develop an implementation plan that will include eventual transition away from donor funding and to full support by the NWDOH. JHPIEGO may cover initial salaries of additional staff but will work with DOH authorities to ensure that required positions are created and budgeted for. This will ensure sustainability by permitting the NWDOH to eventually absorb these positions. JHPIEGO will work with the district hospital and the six feeder clinics to ensure adequate forecasting of required drugs and supplies.

As cross-cutting support to address sustainability, JHPIEGO will introduce standards-based management and recognition (SBM-R) for PMTCT that will encompass those interventions mentioned above as well as others. JHPIEGO will support the rollout of couple counseling in this model program in an attempt to increase men's role in PMTCT services. JHPIEGO will coordinate PMTCT activities with FHI, AED, and other PEPFAR partners working in the same geographical area. Family planning, infant and young feeding practices, and monitoring and evaluation topics are synthesized into the three respective training curriculums so that the topics are not repeated and to ensure that clinic staff are not pulled off of the clinic for redundant training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Referrals & Linkages

The objective of this activity is to build strong linkages and referral systems between women's healthcare services and PMTCT programs, thus eliminating missed opportunities for women and their families to access PMTCT services. JHPIEGO will work to ensure that counseling and rapid testing services focusing on risk reduction will be available to all PHC clients and their partners. JHPIEGO will mentor and support personnel in PMTCT counseling and clinical interventions to reduce the risk of transmission during ANC, postnatal care, labor and delivery. JHPIEGO will link with the provincial and national departments of health to ensure that all providers who have not received adequate training are enrolled in the national PMTCT and Infant Feeding Training. After providers have attended training, JHPIEGO will offer supportive supervision and mentoring at the facility level and will facilitate the implementation of clinical staging for antiretroviral treatment (ART) so eligible HIV-infected pregnant women can be immediately referred to ART services. In accordance with South African Government PMTCT guidelines, JHPIEGO will ensure that all providers are equipped with adequate knowledge on ART prophylaxis for PMTCT. In addition, JHPIEGO will ensure that HIV-infected women and infants are not only referred for treatment but are tracked so they do not fall through the cracks after delivery. Services provided in the postpartum period will include ongoing monitoring for opportunistic infections, linkages with well-baby visits, HIV testing for infants and appropriate referrals to treatment, care and support. Finally, women will be referred back to family planning counseling. To increase men's role in PMTCT, JHPIEGO will work with facility staff to incorporate couple counseling, including prevention with positives. JHPIEGO will link with Kagiso Educational Television, which implements the "Grassroots Male Involvement in PMTCT" campaign, to include men in the catchment areas and to foster linkages between the CT, PMTCT, treatment and family planning aspects of these programs, JHPIEGO will work with community health workers, community-based organizations, and social services to strengthen linkages and referral systems, including referral for infant feeding programs and mother to mother-to-be support groups. JHPIEGO will work with facilities to measure performance, identify performance gaps and develop action plans to address challenges in implementation. JHPIEGO will work with staff and health authorities to use this tool as an internal and external supervision tool that can be used to improve quality and sustainability of services. JHPIEGO will use its PMTCT performance and quality improvement tool, which was developed to improve M&E from the service delivery level to the district level. This will serve to strengthen data capture, monitoring, and evaluation, allowing the NWDOH to use data to strengthen PMTCT services in the province.

By strengthening PMTCT services and building the capacity of healthcare workers, these activities contribute to PEPFAR 2-7-10 goals, averting new infections among infants exposed to HIV as well as increasing access to treatment care and support for HIV-infected women and their infants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21095, 13780, 13781, 21089

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21095	21095.08	6605	242.08	ACCESS	JHPIEGO	$485,000
13780	7887.08	6605	242.08	ACCESS	JHPIEGO	$720,000
13781	2939.08	6605	242.08	ACCESS	JHPIEGO	$4,293,000
21089	21089.08	6605	242.08	ACCESS	JHPIEGO	$242,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	2	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	250	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	20	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	193.08	**Mechanism:**	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	21631.08	**Planned Funds:**	$200,000
Activity System ID:	21631		

Activity Narrative: TYPE OF STUDY: New.

TITLE OF STUDY: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Antiretroviral Pregnancy Register – A Multi-Country Surveillance Protocol.

TIME AND MONEY: Part A of the study is expected to begin in September 2007. Rollover into Part B will occur in April 2008. Inclusion of additional countries into the larger surveillance protocol will begin in October/November 2007 during the revision of the current protocol. Total project time is five to six years. Total projected budget for South Africa, with activities set to begin in 2008, is approximately $1 million for the five-year duration of the project. Funding requested will be $200,000 for each year.

LOCAL CO-INVESTIGATOR: EGPAF anticipates using one to two local clinical investigators, though the investigators have not yet been confirmed. They will work in collaboration with the other country clinical investigators as well as with the protocol team leader and principal investigator (PI). It is anticipated that only one to two sites will be included in this study.

PROJECT DESCRIPTION: Antiretroviral treatment (ART) delays disease progression and consequently HIV-infected pregnant women are increasingly being treated with highly active antiretroviral therapy (HAART) for the sake of their health and to reduce vertical transmission. Current guidelines in developed countries for the management of HIV-infected women include the use of HAART during pregnancy as this achieves complete plasma viral suppression prior to delivery. Although the use of HAART in pregnancy has significantly reduced rates of vertical transmission of HIV-1, some questions remain regarding the safety of these therapies and their potential impact on the uninfected infant. The scientific and medical communities in the western world in collaboration with drug manufacturers have established an Antiretroviral Pregnancy Registry (APR). In contrast, in most of the resource-poor countries that carry high burden of disease from HIV and where antiretroviral products are likely to be used, routine surveillance on birth defects is not documented. EGPAF is establishing such a registry within its Care and Treatment program. The goal of this registry is to conduct observational surveillance for HIV-infected pregnant women exposed to antiretroviral products during the prenatal period to evaluate the outcome of the pregnancy and safety of the products.

EVALUATION QUESTION: There are two evaluation questions. The primary question aims to to determine the frequency of adverse events including teratogenicity and adverse birth outcomes among infants or fetuses born to mothers exposed to antiretroviral treatment during pregnancy. The secondary question aims to (a) differentiate the frequency of adverse events including teratogenicity and adverse birth outcomes among infants born to mothers exposed to antiretroviral treatment during pregnancy by gestational age at exposure; and (b) differentiate the distribution of adverse events including teratogenicity and adverse birth outcomes by various drug regimens used in resource-limited countries.

Endpoints include:
(a) Number of major congenital defects documented at birth and at six months and in any fetus > 20 weeks gestation born to mothers exposed to combination antiretroviral therapy during pregnancy.
(b) Number of adverse pregnancy outcomes documented in mothers exposed to combination antiretroviral therapy during pregnancy.
(c) Number of maternal > Grade II toxicity events reported in pregnant women exposed to combination antiretroviral therapy during pregnancy.
(d) Number of toxicity episodes reported among infants born to mothers exposed to combination antiretroviral therapy during pregnancy.

PROGRAMMATIC IMPORTANCE/ANTICIPATED OUTCOMES: The purpose of this registry will be to track the effects of ART medications on pregnancy outcomes, infant and maternal health. Results will be used to supplement animal and human toxicology studies, in order to promote safe use of ART drugs within the prenatal period and assist clinicians in caring for their patients. The information acquired may also be made available to the existing international Antiretroviral Pregnancy Registry (APR).

Methods:
(1) This is an observational surveillance program of pregnant women on ART and follow-up of their infants to the age of six months to observe for major congenital deformities and serious adverse effects.
(2) Case Report Forms (CRFs) will be designed and provided to the study clinicians for completion. Data relating to the EGPAF APR will be recorded on the CRFs provided. The CRFs will reflect the latest observations on the EGPAF APR participants. During monitoring visits, an EGPAF representative will evaluate them for completeness, validity, legibility and consistency.
(3) No major ethical issues are foreseen. The surveillance program will be conducted in accordance with the (a) World Medical Association Declaration of Helsinki; and (b) the ICH harmonized tripartite guidelines for GCP, 1996.

POPULATION OF INTEREST:
(1) Sampling frame: The EGPAF APR will systematically sample and recruit from the women attending the ART clinic. These women range in age from 15-45 years.
(2) Sample size: An 'intent-to treat analysis' will be conducted for this protocol. This means all subjects who begin combination ART will be included in the analysis, even if they discontinue therapy for any reason or are designated as 'lost-to-follow-up'. All statistical tests will be interpreted at the 5% level of significance. Since Part A is an exploratory phase, the relative frequency of teratogenic effects of the ARVs will be described and the prevalence of these adverse effects including major congenital defects will be calculated. Comparisons between the groups on various treatment regimens will also be done in Part A. Adjustments for multiple comparisons will be done in the first phase e.g. teratogenic effects will be compared to gestational period at initiation of treatment by regimen. In order to do this, the adverse effects including teratogenicity will be tabulated per treatment group by type of adverse effect and timing of exposure to treatment. Special attention will be given to those subjects who have discontinued the pregnancy registry due to teratogenic effects, a severe adverse event of adverse pregnancy outcome.

INFORMATION DISSEMINATION PLAN: The results of this EGPAF APR will be published in a peer-reviewed journal. The paper should be submitted for publication within six months of EGPAF APR completion. Information from this peer-reviewed publication will be subsequently shared with South African government stakeholders and the pharmacovigilance division of the National Comprehensive Care,

Activity Narrative: Management and Treatment of HIV and AIDS (CCMT) program. The initial manuscript describing the multi-country results will be created by the principal investigator and distributed to study investigators and site staff for input and comments. Site specific data can be utilized by local investigators as deemed appropriate by human subject committees' approvals. A final EGPAF APR report will be prepared in collaboration with all clinical investigators. This report will be provided to all investigators who contributed to the EGPAF APR and the Independent Ethics Committee/Institutional Review Board if required. Presentation and publication of the results of this EGPAF APR will be governed by EGPAF policies.

BUDGET JUSTIFICATION FOR YEAR 1 BUDGET:

The following is based per site:

Salaries/fringe benefits: $87,200
Equipment: $5,700
Supplies: $0
Travel: $0
Participant Incentives: $0
Laboratory testing: $0
Other: $ 7,100
Subtotal: $100,000

Total (for 2 sites): $200,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Coverage Areas

Free State

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9625.08

Mechanism: N/A

Prime Partner: University of the Western Cape

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 22313.08

Planned Funds: $470,000

Activity System ID: 22313

Activity Narrative: Summary
The University of Western Cape is implementing multiple activities aimed at improving human capacity development to address HIV and AIDS in South Africa.

BACKGROUND
The 2004 report of the Joint Learning Initiative on health human resources states that “after a century of most spectacular health advances in human history, Human survival gains are being lost because of feeble national health systems. The HIV and AIDS emergency has undoubtedly contributed to this problem, particularly in South Africa. The pressure on health care workers is immense and with the crisis of attrition and out-migration of personnel, systems in South Africa are challenged as never before. This has been placed in stark relief by the urgent need to respond to HIV and AIDS epidemic, and especially the current imperative to deliver antiretroviral therapy (ART) to large numbers of sick people who are often living in areas where health systems have been poorly developed. This project focuses on strengthening and expanding the development and implementation of comprehensive HIV and AIDS prevention in South Africa in order to mitigate the impact of the HIV and AIDS epidemic. The emphasis area for these activities is human capacity development, training, including pre-service and in-service training for nurse midwives. The primary target groups for these activities include nurse midwives and community healthcare workers in the public sector. Secondary target groups include HIV positive pregnant women and their infants.

ACTIVITIES AND EXPECTED RESULTS:
There are tw0 0eparate activities in the PMTCT program area.

ACTIVITY 1: Improving the quality of community health worker programs for the delivery
The use of community health workers, such as lay counselors to support the delivery of HIV and AIDS care in communities is becoming increasingly common in South Africa. The National Department of Health (NDOH) has introduced a national community health workers policy framework in 2003 which unifies and regulates initiatives in this regard. This project aims to develop an audit tool to assess the implementation of CHW programs in the country using PMTCT as an example. The tool will be piloted in one urban and one rural sub-district and feedback will be disseminated via a workshop to the NDOH and corresponding PDOHs where the piloting occurred. The project will begin with a series of workshops with policy makers and program implementers in two provinces, and national experts to define the scope and key components of the tool. This will be followed by the development of the tool, during which time further consultation with stakeholders will take place.

ACTIVITY 2: Training nurse mid-wives in community-based PMTCT
Nurses and midwives are a backbone to the health system and are major role players in the delivery of quality health services, especially in the context of maternal and child health services. With HIV and AIDS the most common primary cause of maternal ad child deaths in the country, this puts a challenge onto the already depleting MCH health services and to heath care providers, the midwives. The overall aim of this project is to build capacity through the training of midwives in the prevention, management and integration of PMTCT into maternal and child health services in a rural district in the Western Cape. The school of nursing, UWC, will develop a training program targeting midwives managers/supervisors at health facilities, qualified midwives at primary health care/community health centers and midwives trainees (within undergraduate and postgraduate studies). Midwives implementing PMTCT at primary health care will mentor the midwifery trainees. The midwives managers/supervisors will be responsible for conducting training and implementing the train-the-trainer skills education program for the MCH facility manager on integration of PMTCT into MCH services.

The above mentioned activities contribute to the PEPFAR 2-7-10 indicators by ensuring skills development for community health workers and nurse midwives implementing PMTCT services. The development of skills for this cadre of health care workers will insure implementation of quality PMTCT services, hence reducing vertical transmission and pediatric AIDS.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	107	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9627.08

Mechanism: N/A

Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 22314.08

Planned Funds: $150,000

Activity System ID: 22314

Activity Narrative: In close collaboration with the National Department of Health (NDOH), CDC will provide overall HIV and AIDS programmatic support to the national and provincial prevention of mother-to-child transmission (PMTCT) program. In addition, NDOH relies on CDC to implement activities that address NDOH-emerging priorities, provide financial and technical support quicker than the NDOH systems allow. PEPFAR PMTCT-specific activities are represented on the NDOH operational plan, and contribute to the overall implementation of the national PMTCT program.

SUMMARY:

At the request of the NDOH, CDC in collaboration with FXB has been asked to review the national PMTCT and Infant Feeding Curriculum for Health Care Workers, identify gaps and develop a revised PMTCT and Infant Feeding Curriculum that can be used by the province to ensure that all health care workers are adequately trained and can rollout quality PMTCT services. The major emphasis area is training. Minor emphasis areas include development of network/linkages/referral systems, policy development, local organization capacity development, quality assurance, and strategic information. Target populations for these activities include policy makers, National AIDS Control Program staff, other NDOH staff, other healthcare workers, women, family planning clients, pregnant women, people living with HIV, HIV-infected pregnant women and their infants.

BACKGROUND:

The goal of the National PMTCT program is to reduce mother-to-child transmission of HIV by improving access to HIV counseling and testing in antenatal clinics, improving family planning services to HIV-infected women, and implementing clinical guidelines to reduce transmission during childbirth and labor. In addition, the National program is responsible for ensuring follow-up of infants born to HIV-infected mothers and ensuring that these infants are identified early and referred to treatment if necessary. The purpose of this project is to build human capacity through the development of a quality PMTCT Training Curriculum.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

In FY 2005, PEPFAR and the NDOH finalized the PMTCT and Infant Feeding Curricula and PEPFAR funding produced a trainers_uide, participants_uide and course directors_uide. In FY 2006, course directors and trainers were updated on the finalized curriculum and provincial training coordinators were assisted in developing provincial training plans to implement the curriculum at the provincial level. FY 2007 funding was used to ensure expansion of the PMTCT training throughout the country. Particular support was given to expand training on PCR implementation and monitoring and evaluation of the PMTCT program. FY 2007 Plus up funding will be used to align the existing PMTCT and Infant Feeding Curricula with the important policy shift in the area of PMTCT ARV prophylaxis. As of FY 2008 the national PMTCT policy will no longer be single dose nevirapine, but the provision of dual therapy to all HIV-infected pregnant women. It is anticipated that the regimen will be AZT from 24-28 weeks and nevirapine at the onset of labor. FY 2008 PEPFAR funds will be used to work with the National PMTCT Technical Task team to update the current PMTCT and Infant Feeding Training Curriculum. These activities will contribute to the PEPFAR goal of averting seven million new infections, as healthcare workers will be trained to integrate PMTCT into routine service, and more pregnant women will receive PMTCT services.

ACTIVITY 2: Development of job-aids
At the request of the NDOH, FXB will use FY 2008 PEPAR funding to develop specific job-aids for health care providers and community health workers. The purpose of the job-aids will be to ensure that health care providers and community health workers/lay counselors have pocket-sized resource materials that they can refer to when working with HIV positive pregnant women. This will ensure improved PMTCT service delivery.

The updating of the PMTCT and Infant Feeding Training Curriculum and the development of specific job-aids plays a pivotal role in the implementation of the national PMTCT program. By ensuring that the training curriculum is updated, these activities will assist the NDOH and provincial departments of health in the rollout of the updated PMTCT policy guidelines. Funding will ensure that the new PMTCT policy is disseminated throughout the country and that health care workers are trained in accordance with the NSP. This program will contribute to 2-7-10 goals by ensuring implementation of quality PMTCT services and by preventing vertical transmission.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9624.08

Mechanism: N/A

Prime Partner: Nozizwe Consulting

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 22309.08

Planned Funds: $281,957

Activity System ID: 22309

Activity Narrative: In close collaboration with the Gauteng Provincial Department of Health (GPDOH), Nozizwe Consulting will pilot a monitoring and evaluation of early infant diagnosis program at Coronation Hospital.

SUMMARY:

In late FY2007, the National Department of Health (NDOH), began implementing early infant diagnosis of HIV at two sites per province. AT that time, it became evident, that a monitoring and evaluation system for early infant diagnosis was needed. Nozizwe Consulting, in collaboration with Coronation Hospital and Wits Health Consortium- National Health Laboratory Services began implementing activities to develop and strengthen early infant diagnosis. The major emphasis area is strategic information. Target populations for these activities include policy makers, National AIDS Control Program staff, other NDOH staff, other healthcare workers, and infants born to HIV positive mothers.

BACKGROUND:
In South Africa, lack of early diagnosis of HIV-exposed infants and integration of early testing protocols into existing public health services has been identified as key to improving access to care for HIV affected children and their families. In FY 2007 funding was used to conduct formative work aimed at identifying psychosocial issues and implementation challenges relating to early infant HIV diagnosis. As a follow on to this activity, FY 2008 funding will be used to create a draft monitoring and evaluation system for early infant HIV diagnosis in South Africa. This project focuses on creating a pilot monitoring and evaluation system or package that will include assessment of four specific interest areas: 1) training on the national protocol implementation; 2) implementation itself, 3) quality of care and psycho-social well-being (of both clients and providers) and 4) client adherence/follow-up. This activity is a logical follow-on from the formative/descriptive work conducted in FY 2007; and the results obtained from the formative work will serve as the basis for formulating M&E tools (both quantitative and qualitative; exploring both quality of care/service provision AND client adherence and psycho-social impact) that can be used for early infant testing roll-out in South Africa and elsewhere. The project will explore different levels or standards of monitoring and evaluation (gold, silver, bronze standard) for early infant HIV diagnosis. As a result, part of the M&E package will contain recommendations on how to adapt monitoring and evaluation activities to differing local (clinical and community) contexts.

Expected results include the development of a draft M&E package that will be tested in a number of facilities and geographic locales as the early infant testing training and protocol are progressively rolled out throughout the country. The draft package will contain a log frame, indicators, data collection tools, and a protocol or plan containing guidelines for data collection, management and analysis plan. It will also include an assessment of the feasibility of implementing the package in different clinical and community settings (i.e. types of health facilities, geographic locales, stages of protocol training and implementation, etc.), how it can be adapted to sites that are already offering the protocol/service, and guidelines for using gold, silver or bronze standards/levels of evaluation.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Monitoring Early Infant Diagnosis

Using FY 2007 and FY 2008 funding a monitoring and evaluation system for early infant diagnosis is currently being developed and piloted at the coronation hospital complex in Gauteng province. FY 2008 funding will be used specifically to support the scale-up and rollout of early infant diagnosis services to other clinics and hospitals in Gauteng province. The monitoring and evaluation system is currently being developed as no national system to monitor early infant diagnosis exists. The district health information system (DHIS) which is responsible for the national data set only captures the number of infants tested at 12 months of age. The new system includes monitoring and evaluation training on the national early infant diagnosis testing protocol implementation, implementation itself and client adherence and follow-up. The activity is a logical follow-on from the formative/descriptive work conducted in FY 2006, and the results obtained from the formative work served as the basis for formulating monitoring and evaluation tools (both quantitative and qualitative, exploring both quality of care and service provision and client adherence and psychosocial impact) that can be used for early infant testing rollout. Expected results include development of a draft monitoring and evaluation package to be tested in a number of facilities as the early infant testing training and protocol are progressively rolled out. The draft package will also include an assessment of the feasibility of implementing the package in different types of health facilities and how it can be adapted to facilities already offering the service. In addition, while the monitoring and evaluation package will be thorough and comprehensive, certain components may not be realistic for certain clinical settings. Therefore, part of the package will explore different levels of monitoring and evaluation (gold, silver, bronze standard) depending on the clinical environment. This will ensure exploration of quality of care issues in greater depth. This activity will contribute to PEPFAR goals by facilitating a process where HIV-infected infants can be identified early and referred to antiretroviral therapy facilities for monitoring and ensuring that they receive treatment at the appropriate time. In addition, the focus on quality of care will ensure sustainable implementation of early infant diagnosis.

ACTIVITY 2: Development of an Advisory Panel
Nozizwe Consulting will convene an advisory panel for the project. Individuals will be selected who can provide input on all aspects of the project including; training, implementation, psycho-social support, and adherence. Together with the advisory team Nozizwe Consulting will identify potential study sites for testing of the draft M&E package; and will create a draft version of the M&E package itself.

This project will help strengthen early infant HIV diagnosis efforts in South Africa by facilitating a process where HIV positive infants can be identified early and referred to ARV sites for monitoring and ensuring that they receive treatment at the appropriate time. In addition, the focus on quality of care will ensure that implementation of early infant diagnosis is sustainable. This program will contribute to 2-7-10 goals by ensuring implementation of early infant diagnosis activities such that HIV positive infants are identified early and enrolled into treatment, care and support programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9649.08

Mechanism: N/A

Prime Partner: University of Kwazulu-Natal, Natal University for Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 22374.08

Planned Funds: $600,000

Activity System ID: 22374

Activity Narrative:

SUMMARY:
The KZN 20,000 project aims to significantly reduce perinatal HIV transmission within 2 years and improve overall child survival within 5 years in three districts of KwaZulu-Natal (KZN) through health system support interventions that would increase the effectiveness of current Prevention of mother-to-child transmission (PMTCT) services.

BACKGROUND:
HIV infection in children is preventable. In Europe and the United States mother-to-child transmission rates have been reduced to less than 2% and few HIV-infected babies are born in these countries. This has been achieved through active screening and thereby identification of HIV-infected women attending antenatal clinics, the early initiation of highly active antiretroviral treatment (HAART) whilst women are pregnant, delivery of infants by cesarean section and the avoidance of all breast milk.
Implementing the same interventions and achieving the same low transmission rates has not been realized in most resource-poor settings. Whilst the relatively restricted PMTCT protocols that have been applied in most South African provinces cannot be expected to produce the results seen in developed nations (where perinatal HIV transmission is the exception) there is an unacceptable gap in performance of the existing PMTCT programs. Numerous obstacles have contributed to the failure of national and district health systems to successfully operationalize international PMTCT recommendations. While in some cases there are genuine deficiencies in human and physical resources, as well as incomplete training, experience in rural and urban South African PMTCT program points to a widespread failure to reliably deliver the sequence of simple processes of care (e.g. determining a mother_HIV status, reliable dispensing of prophylactic drugs). Additional transmissions occur due to inappropriate infant feeding choices by HIV-infected mothers either because of poor antenatal counseling or/or lack of support from health workers. Target population for the project includes pregnant women, their infants, and health care workers at the district health facilities. The emphasis areas are training, strategic information and local organization capacity building.

ACTIVITIES AND EXPECTED RESULTS:
The KZN Department of Health (DOH) and University of KwaZulu Natal agreed that the project, now known as KZN 20,000 , would proceed in three phases. Phase I comprises of a situational analysis and planning exercise (currently underway) to determine the level of health system intervention required to effect large scale improvement of the PMTCT program. Phase II will focus on rapid scale up of system strengthening and priority activities to improve effectiveness of PMTCT. Phase III will focus on infant feeding strategies and community mobilization. FY 2008 funding will be used to implement phase II activities. Subsequent years of funding will ensure the implementation of Phase III.

Activity 1: Implementation of KZN 20,000
KZN 20,000 will operate across three districts that were chosen by the KZN DoH, namely Ethekwini (Durban and immediate surroundings), Ugu and Umgungundlovu. Ugu district is a Presidential nodal site, meaning that it has been designated as a district that is exceptionally poor and under-resourced. Umgungundlovu contains Pietermaritzburg, the second largest city in KZN. Durban and Pietermaritzburg both have large areas of informal housing and peri-urban areas with extremely poor communities. The 3 districts contain more than half (~5m) of the entire population of KZN (~9m) and suffer high antenatal HIV prevalence rates - Ethekwini 41.6%, Ugu 38.9% and Umgungundlovu 44.4%. Between the three districts there are over 260 PHC clinics and 16 state hospitals delivering 82,000 babies per year. The project is designed to reduce the number of infant infections in the three districts by 4,800 per year and improve the health of HIV-infected mothers through strengthening of the existing health system and capacity development at district and local level. Emphasis will be given to careful documentation of process and monitoring of outcomes so that best practices and lessons can be rapidly extended to the other 8 districts within the Province. The KZN DoH is committed to the project and is using it as a way of improving overall health care management and service delivery. The health system support intervention (Phase II) will also create a platform from which to introduce interventions to improve infant feeding practices that are critical for preventing infant HIV infection and reducing infant mortality.

Activity 2: Health System Improvement Intervention:
KZN 20,000 will introduce health systems improvement intervention designed to improve the quality of PMTCT services across 3 districts. The project team will train and mentor mid-level Primary Health Care (PHC) supervisors in quality improvement methodologies and management skills that will be supported through a data collection and monitoring system specifically designed and supported by the project. Implementation of PMTCT services will remain the primary responsibility of health staff in clinics and hospitals. Routine PMTCT performance indicators will be tracked as well as 3 outcome indicators namely a) infant HIV prevalence rates at immunization clinics, b) population-based infant mortality rates and c) in-patient child mortality.

Activity 3: Development of a Data System:
A robust system that allows for timely and accurate collection, transmission (to central data assembly points), collation, translation and feedback of data is a critical component of an effective improvement intervention. An IT system is in development that will install a local MS Access database on computers that will be placed in each District Information Office. All applications will work independently but data will be automatically uploaded to an SQL database on a remote server each day. Data security can be assured by use of digital certificates such that data is only accepted from pre-specified machines which have valid certificates installed. A dedicated data assistant will be located in each district office to capture and manage data from each clinic and to produce reports for the PHC supervisors. This will initially be a system that runs parallel to, and will derive data from the current provincial data collection system. There will be no duplication of data collection since all data will flow to the provincial office. It is anticipated that the systems will be merged at the end of the funding period if the potential benefits of the proposed system are realized. The main output of the data system will be to run system performance data reports for program leadership and site specific process performance reports (line charts and histograms) to guide activities of the nursing supervisors and clinics staff.

Activity 4: Development of Learning Networks:
Prior experience with large scale improvement interventions indicates that change is accelerated when successful ideas are transmitted from peer-to-peer, and when a culture of peer support can be developed. In a traditional quality assurance environment, the front-line staff receive instructions to improve across a

Activity Narrative: broad array of indicators in what is often a pejorative context. The purpose of the learning network is to bring together small teams (e.g. facility manager, nurse, counselor) from each health care site to set common project aims, learn together how to map care processes, identify obstacles and solutions, learn how to test innovations and how to collect data to track improvement. Additional support will be given to poor performing clinics. At Learning Sessions, sites that are struggling will also be exposed to participants from high performing sites who will share their experience and strategies for success. Between these Learning Sessions, quality mentors will visit the hospitals and together with PHC supervisors will visit the clinics regularly (1-2 times/month) to support the teams, and sustain the improvement process through planning new tests of change. The concept of learning networks will apply also to the mentoring of the PHC supervisors themselves who will be brought together each month for training, transparent review of team progress, and peer support for successes and challenges in the field.

Activity 5: Monitoring of Infant HIV transmission rates, Infant and Child Mortality:
Perinatal transmission rates will be routinely monitored at sentinel sites in each district through surveillance of all infants attending 6 week immunisation clinics. Dried blood samples will be collected from all infants following informed consent from the mother or legal guardian regardless of whether the mother was part of the PMTCT programme or not. Maternal, infant HIV prevalence rates can be determined as well as vertical transmission rates.

The goals of project 20,000 are directly aligned with the goals and objectives of the US President_Emergency Plan for AIDS Relief (PEPFAR). These goals include achieving primary prevention of new HIV infections through expanding VCT programs and building programs to reduce mother-to-child transmission. KZN 20 000 aims to improve the overall performance of PMTCT and thus reduce the incidence of new perinatal HIV infections. Improvement of PMTCT has other desirable indirect outcomes which include early diagnosis of HIV that leads to increased access to HAART, decrease in infant mortality rates and overall improvement in child survival.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect Number of service outlets	N/A	True
Indirect number of women provided with a complete package of PMTCT services	N/A	True
Indirect number of women provided ARV prophylaxis for PMTCT	N/A	True
Indirect number of people trained for PMTCT services	N/A	True
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)	N/A	True
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)	N/A	True
Number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of mother-baby pairs followed up over 12 month period	N/A	True
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	120	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	33,043	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,674	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	240	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

KwaZulu-Natal

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: $38,599,589

Estimated PEPFAR contribution in dollars	$876,000
Estimated local PPP contribution in dollars	$1,544,080

Program Area Context:

South Africa, with a population of 47.3 million, has a highly generalized AIDS epidemic: a 2005 population-based survey found overall HIV prevalence of 16% for the 15-49 age group. Transmission is primarily heterosexual, followed by mother-to-child transmission. HIV prevalence among pregnant women attending antenatal clinics was 29.1% in 2006, reflecting the first small decline after rising steadily since the early 1990s.

HIV infection rates vary greatly by age, sex, and geographic region. Young adults have the highest infection rates; prevalence peaks at 33% for women aged 25-29 and at 23% for men in their thirties. Almost twice as many women as men are infected. In the 15-24 age group, the ratio of infected females to males is four to one. Young women aged 20-29 also have extremely high HIV incidence at 5.6%; incidence in pregnant women is also high at 5.2%. Although incidence rates are higher in 15-24 year olds, adults over age 25 account for two-thirds of new infections, owing to their larger numbers. Among provinces, Mpumalanga has the highest adult prevalence (23%), while KwaZulu-Natal and Gauteng together contribute almost half of all recent infections. Eleven high-prevalence districts in three provinces contribute disproportionately to the epidemic. Urban informal settlements, which are a magnet for migrants, also have very high HIV rates; in a recent study, migrant men had HIV prevalence double that of non-migrants.

Factors associated with high HIV transmission include multiple and concurrent partners and age-mixing in sexual partnerships. Alcohol and substance abuse also contribute to risky sexual behavior. The Mean age at first sex, currently about 17 years, is declining. Levels of sexual violence in South Africa are among the highest in the world. High labor mobility, low marriage rates, and low rates of male circumcision further contribute to HIV transmission.

Basic knowledge and awareness of HIV and AIDS is almost universal and exposure to communications and interpersonal sources of information is high. Yet personal risk perception is astonishingly low. Sixty-six percent of South Africans do not see themselves at risk of HIV, often because they are faithful to, and do not recognize their potential exposure through, a trusted partner. Moreover, there is limited understanding of the protective benefits of mutual fidelity and partner limitation.

In 2007, the South African Government (SAG) issued The HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The plan seeks to involve all sectors of society in HIV prevention, with an emphasis on maintaining the HIV-negative status of those currently uninfected and strengthening social mobilization and poverty reduction. The NSP builds on national programs to address gender-based violence and mainstream HIV and AIDS interventions, with priority given to the rural poor, urban informal settlements, and marginalized groups. NSP priorities include: strengthening behavior change programs; scaling up interventions for youth, especially for young women; engaging parents and children in open discussion; and implementing workplace programs.

Consistent with the SAG strategy, the USG supports a comprehensive, multi-sectoral, “ABC” approach to prevention. The USG Five-Year Strategy emphasizes abstinence and faithfulness (AB) for youth, expansion of media as well as community outreach through FBOs and CBOs; links to other preventive services, and HIV testing and care. As of September 2006, outreach efforts had reached over 6.5 million people with AB messages, including 550,000 with A-only messages. The FY 2008 COP increased funding for AB prevention to $37,463,363 million but the targets were slightly reduced from last year due to the change in the OGAC community outreach definition that large events are no longer included.

USG assistance for HIV prevention complements support from other international donors that support youth prevention activities, including the Global Fund, Japanese, British, Irish governments, and the European Union. The recent Global Fund Round 6 grant provides support to several current USG partners to further expand their programs.

Earlier in 2007, an assessment of the USG South Africa prevention program highlighted the need to strengthen current efforts, in particular, to sharpen risk perception regarding multiple partners and concurrency, and to address important populations that are not being reached. With FY 2008 funding, the USG will address the weaknesses and gaps identified by the assessment, while building on existing strengths of the portfolio. Within the AB prevention program area, the USG will maintain a major focus on youth. The USG will support the Department of Education and a diverse array of indigenous faith-based and other non-governmental partners to deliver intensive, curriculum-based and peer HIV prevention education to youth through schools, churches and other community fora. USG partners will help adolescents internalize the message that abstaining from and delaying sexual activity is the only certain way to prevent HIV, and that a long-term committed relationship with a mutually monogamous, HIV-negative partner is the next best strategy for prevention. Partners will address gender issues, for example by tailoring curricula for girls and young women to enhance their self-esteem and to address the risks of transactional sex with older men. Use of interactive teaching methods will help youth personalize information and develop the skills they need to abstain. The Harvard School of Public Health and the GoLD Peer Education Agency will work to strengthen the quality of peer education implemented by other USG partners. Several partners are working in tertiary institutions; the USG will work with these partners to ensure that there is no overlap and that there is a strategy developed for addressing this population.

With FY 2008 funding, the USG will adapt “Families Matter,” an evidence-based intervention to engage adult family members in communicating with youth about prevention, and to create safer contexts for young women. Linkages between AB and OVC programs will ensure that orphans and other at-risk youth receive HIV prevention education. Several partners other partners will work with higher risk youth in disadvantaged areas. Soul City will target younger youth aged 8-12 through its Soul Buddyz mass media series, print materials and clubs. A new TBD activity will support follow-on activities when the centrally-funded Track 1.0 youth prevention program ends.

At the same time, the USG will initiate new prevention activities targeting key adult populations. The lynchpin of these efforts will be a high visibility, multi-level, multi-media campaign to increase understanding of the risks associated with multiple and concurrent partners. This will be the thematic focus of a new television drama series and a series highlighting real-life individual success stories in adopting abstinence and fidelity. The TV series will be supported by radio, outdoor media advertising, and a cellular phone text messaging campaign. Campaign messages will draw on recent qualitative research on the drivers underlying multiple partnerships. The campaign will give special emphasis to the role that male attitudes, norms and behavior play in sustaining sexual networks, cross-generational sex, and high rates of concurrency and partner turnover. In the lead up to the 2010 World Cup in South Africa, the campaign will feature prominent South African soccer players delivering messages about male responsibility, personal risk perception, and community action to support healthy behaviors. The campaign will also engage in a parallel effort to target the young women who are at highest risk.

Media activities will be complemented by an expansion of outreach to adult populations, especially men. A new initiative will seek to promote partner reduction through high visibility advocacy by the leadership of national faith-based networks and non-governmental organizations (NGOs). This will be linked to grass roots social mobilization to shape new community norms of responsible sexual behavior through local FBOs and CBOs. Other new activities will target migrants and mobile populations with comprehensive prevention education, as well as young women in their twenties in high transmission areas. In addition, new workplace programs will target small and medium enterprises and selected government departments. These new initiatives will deepen understanding of the risks associated with multiple overlapping partners and cross-generational sex, the potential for exposure to HIV through regular partners, and the benefits of mutual monogamy in the context of knowing both one’s own and one’s partner’s HIV status. Women of reproductive age and their partners will also be educated about the risks of HIV in pregnancy. The role of alcohol and substance abuse in risky behavior will be integrated into prevention education for all audiences.

Ongoing prevention activities will reinforce normative change and responsible sexual behavior through networks of CBOs, FBOs, traditional leaders and healers. AB activities targeting adults will receive complementary funding for Condoms and Other Prevention activities, in order to provide comprehensive prevention education for individuals who continue to engage in risky behavior. Strong linkages will be established to counseling and testing, and for those who test positive, to positive prevention, PMTCT, care and treatment.

In FY 2008, the USG team will add two new senior prevention experts who will promote the adoption of evidence-based, best practice intervention models; a common set of clear, actionable, behavioral messages; and coordination and synergy across partners.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6732379
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1304860
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	57016

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	9634.08	**Mechanism:**	N/A
Prime Partner:	American Center for International Labor Solidarity	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	22496.08	**Planned Funds:**	$200,000
Activity System ID:	22496		

Activity Narrative: The Solidarity Center, in cooperation with a consortium of partners, proposes to implement a five-year HIV prevention initiative in South Africa called “Be Faithful, Be Tested, Be Union.” The Solidarity Center’s project partners are Engender Health and four of South Africa’s largest and most influential unions. These unions are the National Union of Metalworkers of South Africa (NUMSA), the Police and Prisons Civil Rights Union (POPCRU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), and the Congress of South African Trade Unions–Western Cape (COSATU-Western Cape). Over five years, activities will be implemented in five provinces—Gauteng, Limpopo, and KwaZulu-Natal, Western Cape and Eastern Cape.
This project focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities. The project will assist four large and influential South African unions, and the workplaces and communities in which their members labor and live, to achieve wide-reaching HIV prevention outcomes.
The project will address four critical HIV-related areas: counseling and testing, gender norm transformation, workplace policy development and implementation, and increased institutional HIV-related capacity through targeted technical assistance.
The main objective of this activity is to prevent HIV transmission using AB methods through safe and healthy sexual behavior in HIV-infected and uninfected individuals, with emphasis on gender norm changes.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	125	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9691.08

Mechanism: N/A

Prime Partner: Lifeline Mafikeng

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 22508.08

Planned Funds: $250,000

Activity System ID: 22508

Activity Narrative: Activities conducted at identified sites include HIV counseling & testing and concurrent HIV prevention and marketing activities. Trend Setters* will undertake the HIV prevention & marketing activities include placing banners, canvassing the area on foot, distributing pamphlets and invoking discussion with pedestrians, conducting information education sessions on HIV&AIDS, projecting culturally appropriate abstinence and be faithful messages, performing HIV&AIDS-related dramas and performances, establishing "post test clubs" and condom demonstrations/distribution. Post Test clubs (PTC) is a model used in Uganda which helps PLWHA's cope with infection and both HIV positive and negative members adopt and maintain an effective prevention behavior. Formation of PTC can assist in changing the social norms in support of HIV risk reduction. (UNAIDS pub.20 1999).

HIV prevention activities especially emphasize fidelity, though are balanced with abstinence messages, especially targeted towards youth, and condom promotion (i.e. correct and consistent use of male or female condom) in order to reach as many people in the target audience as possible. Management will ensure PEPFAR regulations are strictly followed.

Education and marketing is essentially to dispel myths and ensure the right information is out there. These activities enable people, who may have been unable to overcome fear or stigma to encourage knowing their HIV status, which ultimately can prolong or save their lives and possibly the lives of others.

Teenager programmes (13 -18) will focus mainly on abstinence or delayed sexual encounter and encourage those who are sexually active to pledge abstinence once again. Programmes will include prevention and living positively programmes to promote maintaining a negative HIV status and living positively to ensure quality of life.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8709.08

Mechanism: N/A

Prime Partner: Montefiore Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 22495.08

Planned Funds: $112,000

Activity System ID: 22495

Activity Narrative: The Montefiore Medical Center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics and STI clinics to more routinely provide CT using the ACTS model. ACTS (Assess, Consent, Test and Support) is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT). In addition, will implementing a youth-based PICT, Montefiore Medical Center will work with rural districts to target non-government organizations (NGOs) working with youth to provide HIV prevention activities.

BACKGROUND:

Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV and AIDS in South Africa. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services but are not offered HIV counseling and testing (CT) or provided with HIV prevention information. By reducing pre-test counseling sessions to five minutes or less, ACTS allows nurses to incorporate CT into the other clinical services they provide, such as sexually transmitted infection (STI) care and family planning and promotes immediate follow-up and linkage to care. In addition, youth can then be linked with NGO proving HIV prevention services to ensure behavior change. The target population for this activity is youth between the ages of 10-25 in hard to reach parts of the country. The major emphasis area for these activities includes building local capacity and creating linkages, networks and referrals between youth-based prevention services
and the ACTS CT model.

ACTIVITES AND EXPECTED RESULTS:
Using ACTS, this program will focus initially on maximizing the linkages between youth based NGOs working in the area of HIVE and AIDS prevention and CT services in high-prevalence youth clinics, starting with STI clients and expanding to family planning clients. The linkage with the NGOs will ensure that ACTS services can be implemented in conjunction with AB targeted messaging and with other NGO activities. ACTS will link with youth-based NGOs in and around the clinics where services are being implemented. This will ensure that youth get both CT services and AB prevention messages. Simalarily to its approach with working with health facilities, the ACTS team will engage each new NGO, develop an implementation and monitoring plan and train all relevant providers HIV and AIDS prevention, in the importance of CT, collection PEPFAR indicators, provide quality assurance monitoring and initial HIV care. During the five year cooperative agreement, this model will be continuously refined and successively implemented in high prevalence communities and sites throughout South Africa starting in the Western Cape and Mpumalanga. The yout-based NGO project will expand services to Waterberg district in Limpopo province and the North West Province.

In FY2008, the team will continue to refine the ACTS services in two youth clinics in Khayelitsha . A monitoring and evaluation plan will be developed that includes PEPFAR indicators. A quality assurance plan will evaluate linkage to prevention among HIV negative youth as well as ensure that newly diagnosed HI-infected youth also receive information on positive prevention. A Project Director will be hired and trained and locations in Mpumalanga or other Province will be chosen as well as additional clinical and community sites in the Western Cape. The goal is for this partner to test 20,000 youth for HIV and link them to prevention.

These activities will contribute towards meeting PEPFAR's 2-7-10 goals by targeting youth between the ages of 15-25 and ensuring that they receive AB messages. In linking prevention services with CT services, this activity will ensure that youth understand how to stay negative after undergoing a HIV test.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Coverage Areas

Limpopo (Northern)

Mpumalanga

Northern Cape

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9229.08 **Mechanism:** N/A

Prime Partner: Project Concern International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs

Budget Code: HVAB **Program Area Code:** 02

Activity ID: 21648.08 **Planned Funds:** $2,164,000

Activity System ID: 21648

Activity Narrative: BACKGROUND:

PCI: Project Concern International (PCI), along with two implementing partners in South Africa, proposes a program with the goal to reduce HIV transmission by changing social norms related to sexual and other gender-based violence against women. The objective of the program is to reduce the prevalence of sexual and other gender-based violence in both urban and rural areas. This will be achieved through a large scale social mobilization program that will: 1) mobilize public and private sector partners to combat gender-based violence; 2) create an enabling environment for changing social norms related to gender-based violence; and 3) develop and support the implementation of multi-sectoral activities which will achieve and maintain significant reductions in gender-based violence.

Activities leading to these results include: a) assuring that key sector partners in government, civil society, media, the private sector and education understand the impact of and are committed to ending all forms of gender-based violence; b) developing and implementing a communications strategy that will unite individual organizationsâ€™ efforts into one unified, branded campaign reaching all sectors of society; and c) empowering sector partners with resources and training to implement a range of local activities to end gender-based violence. The Western Cape and KwaZulu Natal Networks on Violence Against Women (WCN and KZN), with over 700 member organizations, will provide the technical know-how, experience, commitment and leadership to end violence against women

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21173

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21173	21173.08	9229	9229.08		Project Concern International	$2,400,000

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9629.08

Mechanism: N/A

Prime Partner: Hope Education

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 22316.08

Planned Funds: $1,000,000

Activity System ID: 22316

Activity Narrative: SUMMARY:

The Programme Goal is to develop indigenous capacity to provide young learners with HIV prevention training and appropriate life skills to affect lasting moral and behavioural change.
PROGRAMME OBJECTIVES
1.Increase the capacity of the 6,631 Life Orientation teachers to promote HIV prevention through abstinence and faithfulness.
2.Reach 1,000,052 total learners with a message that promotes HIV prevention through abstinence and being faithful including 150,000 orphans and vulnerable children (OVC).
3.Develop the capacity of the Department of Education at the provincial and district level.
4.Develop the administrative, logistic and academic capacity of RaG and Hope Education to sustain quality HIV prevention education.

BACKGROUND:

Schools, particularly Life Orientation classes which are designed to prepare children for life, provide an ideal setting to address topics related to HIV prevention. Because Life Orientation classes have only recently become mandatory, the teachers have yet not received proper training nor do they have sufficient materials and resources In response to these needs, Reaching a Generation (RaG), a community-based South African organization, in cooperation with Hope Education (HE), a US NGO, developed a training programme for Life Orientation (LO) teachers focusing on HIV prevention and the development of skills necessary for teaching LO. Along with teacher training RaG/HE has developed an age appropriate, child-centred curriculum called iMatter to equip Life Orientation teachers with the materials they need for LO/HIV prevention education. These programmes have been developed in cooperation with the Department of Education and have the Department's full support. The LO/HIV prevention teacher training is based on a learner centred model and focuses on practical and interactive activities that engage the teachers. Begun as a pilot programme in the Free State province in August 2006, teacher training was tested, revised, improved and expanded. To date, more than 3,000 teachers have been trained. The process uses Master Trainers working in cooperation with Department of Education LO Educators to provide direct LO teacher training in the provinces.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Teacher training
The LO/HIV prevention training typically takes place during daylong workshops held for groups of 50 to 100 teachers. This is accomplished in close cooperation with the Department of Education. Such cooperation increases efficiency by utilizing the personnel, communication channels and infrastructure that is already in place. For example, the Department of Education handles communication with the schools and individual teachers and manages the majority of the follow up.The teacher training was been designed to have every LO teacher from each district attend. Unfortunately, limited resources made this impossible at times. In the past it has been necessary for one teacher from certain schools to attend and then return to the schools and provide the training and resources to other teachers. Because the trained teachers taught other teachers there was a high ratio of teachers to learners trained: 3,000 teachers for 2.5 million learners impacted. In a scaled up version, every LO teacher will be able to attend and directly participate in the training. Thus by training all LO teachers directly, we will see over 6,000 teachers impact over 1,000,000 learners in a year.

ACTIVITY 2: Curriculum materials
In addition to the training manual, each teacher will also receive age-appropriate HIV prevention materials for each of his or her learners in the Foundation and Intermediate Phases. This book called "iMatter" is complimented by a corresponding iMatter Teacher's Guide (see Appendix B for sample lessons). Each lesson of iMatter indicates which learning outcomes and assessment standards from the National Curriculum Statement are being taught. Teachers are required to keep a file of their work as well as a learner's portfolio. Both the iMatter Teacher's Guide and learner books indicate the specific dimensions of HIV prevention teaching that can be included in both the learners' portfolios and teacher's file.
As required by the Critical and Developmental Outcomes of the National Curriculum Statement each iMatter lesson is age appropriate in terms of language and cultural approach. The National Policy states: "Education should ensure that learners and students acquire age- and context-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection." The policy furthermore states: "A continuing life skills and HIV and AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members." During the teacher training session, a district official from the Department of Education responsible for LO assists the teachers in understanding the correlation between the iMatter training and the National Curriculum Statement and articulates how the content learned will be used for performance appraisals in the future. Depending on the province, this person is called either a Learning Facilitator or a Curriculum Specialist. They also explain how to apply Outcomes Based assessment in compliance with the National Policy of Assessment.
The iMatter curriculum was specifically developed for Sub-Saharan Africa in Swaziland. Before the development began, Hope Education conducted due diligence and research to determine what the content should include and to ensure that no duplication was taking place. Both in Swaziland and South Africa, the iMatter materials are found to complement existing materials. The Foundation Phase book is for Grade 2 - Grade 3 and the Intermediate Phase book is for Grade 4 - Grade 7. Since the experience in Swaziland, iMatter has been modified for the South African context. Education specialists in South Africa identified the grade-appropriate National Curriculum Standard learning outcomes contained in each iMatter lesson in order to better integrate with the South African school curriculum. Practical teaching tips and activities to equip the LO teachers were also added. While the LO/HIV prevention teacher training has been designed to include an iMatter book for every child, current financial support allows for each teacher to receive only one copy of the iMatter material to utilize as a resource for teaching the Life Orientation and HIV prevention programme. In a fully funded programme, teachers will receive a copy for each of his or her learners. Recent changes within the requirements of the Department of Education along with the experience of the past two years provide additional content that would be helpful if included in the iMatter materials. A second edition of iMatter will be designed in order to align it even more fully into the requirements of the Department of Education. The project will be completed between September and December 2008. The second half of the programme being proposed here will use the second edition of iMatter.
ACTIVITY 3: Partnership and certification activities

Activity Narrative: Since the pilot teacher training programme, RaG has secured agreements with the provincial education departments to provide HIV/AIDS prevention/awareness training to the LO teachers in the provinces of Eastern Cape, Free State, North West, Mpumalanga, Northern Cape, and portions of Gauteng and Kwazulu Natal. Experience has shown that the Department of Education becomes increasingly supportive the more involved they become in the RaG/Hope Education training. Initially the involvement is primarily limited to sending the teachers. But as the programme continues and positive results are seen and feedback is heard, they become increasingly involved in providing venues, logistical support, and meals for the teachers. In addition, the district officials within the provinces are providing monitoring and evaluation to ensure the materials are being used and implemented in the schools. This is done on a continuous basis. At times RaG staff members accompany the district officials in order to capture this part of the process on video.
The HIV prevention/LO teacher training course has been registered with UMALUSI and the South African Qualifications Authority (SAQA). UMALUSI is a monitoring and moderating organization responsible for general education and training as well as further education and training. SAQA is responsible for the development and implementation of the National Qualification Framework established in 1995 to create a single and integrated qualification system for the education sector. Through a partnership with Worldwide Education Providers, RaG will be able to offer up to 5 credits to the teachers who participate in the training. The Department of Education in their draft proposal requires that each of their teachers complete 120 credits of continuing education every 3 years.
Feedback from education leaders who have been involved with the training has been very positive. Mrs. Hariette Speckmeier, Provincial Coordinator: Life Skills and HIV and AIDS for the Department of Education in the Free State Province, states: "We value your contributions and input into our current programmes in the province. The resources help our educators as there is a big need in this part of the programme. The training is well received and helps us to build capacity in our educators in the field of Life Orientation. It is my pleasure to confirm on behalf of the Department of Education that the Life Orientation Department is in agreement with Reaching a Generation (RaG) to continue to present Life Orientation (LO) training to all the teachers in the Free State.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Coverage Areas
Free State
Limpopo (Northern)
North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4624.08

Mechanism: N/A

Prime Partner: Medical Care Development International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 21164.08

Planned Funds: $250,000

Activity System ID: 21164

Activity Narrative: Organization Name: Medical Care Development International (MCDI)

Duration of Projects in years: 3 years

Prevention AB & OP:Objective 1: To prevent HIV/AIDS and other STIs and pregnancy among in and out-of-school youth through tested peer education behavior change communication (BCC) activities and using creative drama and film methods

MCDI undertakes to expand on and enhance its already successful activities in this area. IDCYSP activities are in line with the PEPFAR objective of preventing HIV transmission through the promotion of safe and healthy sexual behavior among HIV infected and uninfected individuals. Proposed activities are also consistent with the South African Government's AIDS Programme mission of preventing the spread of HIV. These proposed activities recognize the important role that community education, outreach and advocacy can play in educating youth and preventing HIV/AIDS. Specifically, the youth activities will address increased risk to youth and the disproportionately high risk among girls and young women. The Mobile Education Unit will reach underserved rural communities. The education of community influencers in a behavior change and communication approach will emphasize the particular vulnerabilities all of these vulnerable groups, while creating a more supportive environment for PLWHA and youth.

OVC: Objective 2: To provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children by expanding the model crèche to other areas, including access to essential health, social, psychosocial and legal services for OVC and their households.

IDCYSP will encourage enrollment of OVC, specifically targeting those children in child- or sibling-headed households, to crèches who are often excluded because of tuition fees through MCDI's previously successful approach of fee waivers for orphans. In the Mavela crèche, enrollment increased from 40 to 100 through using this approach. OVC will be identified through MCDI PMTCT activities. They will also be identified by home-based caregivers (HBCs), who are local community residents that have completed secondary school and an MCDI 21-day training course to deliver palliative care. MCDI is currently transitioning the supervision of HBCs to CBOs who have funding to support their income. IDCYSP will provide legal support to OVC and their caretakers, which will have a significant impact on their current and future economic well-being. Protecting and promoting the inheritance rights of OVC and fighting against disinheritance is crucial to comprehensive care and support of these children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8681.08

Mechanism: N/A

Prime Partner: South African Democratic Teachers Union

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19441.08

Planned Funds: $350,000

Activity System ID: 19441

Activity Narrative: SUMMARY:

The South African Democratic Teachers Union (SADTU) project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers, their workplace community, and caring for orphans and vulnerable children in the workplace. SADTU has existing national and provincial partnerships with the Department of Education and was a member of the team that developed the National Strategic plan with the Department of Health. SADTU has also established relationships with other HIV and AIDS organizations around the country. This will ensure sustainability of program after PEPFAR funding. The target population for these activities is teachers, their workplace community and primary and secondary school learners.

BACKGROUND:

The HIV pandemic has created workplace environments that are not conducive to quality teaching and learning for both educators and learners alike. Many schools have orphans and vulnerable children who lack basic needs and therefore cannot perform optimally at school. Teachers often have to take care of these situations themselves. Although some schools do have soup kitchens and food parcels for these children, this does not address the learners psychosocial needs.
The school as a workplace is often plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. SADTU aims to address this by creating an caring workplace environment for both learners and educators alike and focusing on HIV prevention and increasing access to care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Training union leaders as peer educators in the workplace

The SADTU workplace program will seek to sustain peer education for teachers using union leaders, who already have positive influence and recognition amongst educators and good standing with senior management. IEC materials focusing on prevention, knowledge of HIV and AIDS, PMTCT and human rights will be used to ensure that the peer educators can implement activities after the initial training. The focus of the prevention messages will be a comprehensive ABC approach with a focus on the be faithful message. SADTU will work, through the trained peer educators to increase community involvement, and increase male involvement and awareness around HIV prevention, PMTCT, the role of male norms and behaviors in HIV transmission. In addition, through community involvement activities, SADTU will ensure the distribution of IEC materials to educators and communities.

Activity 2: Increase access in local languages to HIV and AIDS prevention knowledge

The SADTU workplace teachers program will target educators and learners through age and gender appropriate group activities and community mobilization to increase knowledge around HIV and AIDS prevention. The program will focus on addressing gender by reducing violence and coercion, and addressing male norms and behaviors. In addition community mobilization activities will focus on the reduction of stigma and discrimination by increasing knowledge around HIV and running community activities that focus on stigma reduction.

Activity 3: Implement HIV prevention activities for learners

As part of their OVC program, SADTU will integrate HIV prevention messages building on the existing school life skills program. The focus of these messages will be on AB. These messages will be carried out by both youth peer educators and teachers.

These activities contribute to the PEPFAR 2-7-10 goals and objectives by increasing knowledge of HIV transmission and the prevention of new infections.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Business Community

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	8682.08	**Mechanism:**	N/A
Prime Partner:	Education Labour Relations Council	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	19442.08	**Planned Funds:**	$550,000
Activity System ID:	19442		

Activity Narrative: SUMMARY:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 and FY 2008 PEPFAR funding ELRC will implement a country-wide project to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development of Workplace Prevention Education

PEPFAR funds will be used to support the development of a comprehensive education sector prevention program targeting teachers and education sector union members. Funds will also be used to support workplace prevention education programs targeting the health and education sector. With funding from PEPFAR, these workplace programs will conduct training sessions for employers, senior management, senior union leadership and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry. Peer educators for unions in the education sector will receive ongoing training on prevention (especially abstinence and being faithful), PMTCT, stigma and discrimination, counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections and reduce violence and coercion (key legislative issue).

Activity 2: Training of peer educators for teachers unions

Working in nine provinces, peer educators from four teachers' unions will be identified and trained peer educators. Training will focus on prevention, particularly AB messages. A structure will be set up to support the peer educators and ensure quality assurance for the one-on-one interactions and community mobilization activities that they will be expected to participate in.

Activity 2: Community Mobilization

The newly trained peer educators will reach teachers in their unions with AB prevention messages. The focus of the AB messaging for teachers already involved in relationships will be the B component. The peer educators will distribute IEC materials, organize mobilization events, campaign messages and conduct one-on-one interactions with teachers and/or their families.

This activity will directly contribute to PEPFAR's goal of preventing 7 million new infections. These activities support the USG Five-Year Strategy for South Africa by expanding and improving quality AB prevention programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,638	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Mobile populations

Other

Pregnant women

People Living with HIV / AIDS

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7311.08

Mechanism: N/A

Prime Partner: GRIP Intervention

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16484.08

Planned Funds: $150,000

Activity System ID: 16484

Activity Narrative: SUMMARY:

The Greater Mpumalanga Rape Intervention Program (GRIP) provides holistic services which include prevention and care for survivors of sexual assaults and domestic violence and for people infected and affected by HIV and AIDS. GRIP is involved in Abstinence and Being Faithful (AB) activities through community outreach programs. The emphasis areas are gender and human capacity development. The target populations are school children (boys and girls), teachers, and the community at large.

BACKGROUND:

GRIP was initiated by volunteers and established in 2000. GRIP started by offering services to all rape and sexual assault survivors. GRIP started empowering women, men, and children through the process of preventative education, counseling and testing, post traumatic care, and community outreach. Realizing the importance of HIV prevention and the need to address sexual assault and domestic violence in the community, GRIP is involved in two direct prevention services: peer education and teacher training. The prevention strategies include creating awareness on HIV and AIDS with special emphasis in addressing the plight of sexual assault and domestic violence survivors. This program will protect children, teachers, communities, and will uphold the rights and dignity of sexual assault survivors.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Peer Education

The aim of the peer education intervention is to encourage abstinence and to delay sexual initiation for youth aged 10 -14, before they start sexual activity. The program will target boys and girls in schools between 10 and 18 years old, who come from disadvantaged backgrounds, vulnerable to crime and experiencing socio-economic challenges within their communities. These children will be identified in targeted schools by teachers, principals and peers. For the Be faithful component of the AB program, older youth aged 15 -24 engaging in sexual activity, will be encouraged to adopt secondary abstinence and reduce number of sexual partners. Full information is provided on correct and consistent condom use for youth who are already sexually active.

At the beginning of the activities, individual sessions for boys and girls will be conducted separately for period of three months to identify their needs. After the three months, group sessions for boys and girls will be conducted separately for a period of six months. At the end of six months, both groups of boys and girls will be brought together to share what they have learned. GRIP will link this activity to an ongoing community-based support program and provide guidance to all the children. The children will also participate in camps, where boys and girls will take part in life skills.

The program is expected to empower children with information, problem-solving techniques, and life skills, which will lead to enhanced self esteem, and responsible behavior regardless of peer pressure or social problems. Through role modeling, participants in the program will with others pupils in the school who have not been through the program with a view to transference of knowledge gained. A monitoring and evaluation system will be in place for pre and post test of children who have participated in the program.

ACTIVITY 2: Training of Teachers

The goal of the GRIP program is to promote effective, accountable, and sustainable support systems in the schools and the surrounding communities. GRIP has realized that teachers and school management are usually reluctant to get involved in sexual assault issues that affect their pupils hence limited support is given to the victims of sexual assault in schools and the community. FY 2008 funding will therefore address HIV prevention, sexual assault, cross-generational sex, multiple concurrent relationships and domestic violence information. Training will equip teachers with the skills to identify, support and conduct referrals for the affected children. The program will enhance community support as all children and youth will be linked to a support mechanism through community-based forums to ensure that HIV prevention and support is sustained. Additionally this program will be linked to community and government stakeholders to ensure ownership and collaboration.

Through this program GRIP aims at improving teachers' abilities to communicate their values and expectations regarding their pupils' behavior and individual social problems. This will increase awareness and sensitivity regarding sexual violence and HIV among teachers, pupils, and community. The program will reinforce the adoption and modeling of prevention behaviors among adults, and engender social sanctions against risky practices such as cross-generational sex, multiple concurrent partnerships and sexual assault.

GRIP will train teachers selected from identified schools in Mpumalanga. Training will enable them to identify vulnerable and abused children within their environment, and empower them to report such cases. GRIP has found that during past trainings, teachers were committed to referring children to GRIP's intervention. Apart from caregivers, teachers are the most constant adults within the school child's sphere of reference. Expected results from this program are teachers who are better equipped to identify, support, and refer affected pupils a community-based support system. This includes providing parents with continued support and counseling to minimize post-traumatic effects of abuse and to ensure complete recovery. This activity will be closely monitored and continuously assessed to ensure quality assurance in the effort to achieve intended results.

These activities, through the variety of approaches will all contribute to the overall PEPFAR goal of averting seven million new infections.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16273, 16012

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16273	16273.08	7311	7311.08		GRIP Intervention	$300,000
16012	16012.08	7311	7311.08		GRIP Intervention	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 268.08

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 14574.08

Planned Funds: $400,000

Activity System ID: 14574

Activity Narrative: TYPE OF STUDY: Continuing.

PROJECT TITLE: Feasibility and Effectiveness of a Comprehensive School-Based Life Skills Curriculum based on HIV and AIDS Prevention Messages Focused on Abstinence and Being Faithful

NAME OF LOCAL CO-INVESTIGATOR: Mpumalanga Province Department of Education

PROJECT DESCRIPTION: This public health evaluation (PHE) will adapt the existing abstinence and being faithful (AB) Life Skills curriculum by monitoring and evaluating its implementation in the 8th and 9th grade classrooms, and then implement the adapted curriculum in nine primary/secondary schools in Mpumalanga. Process data that relate to dosage and fidelity of implementation in the selected classrooms will be collected and monitored; the PHE will ensure age appropriateness of materials, and their adherence to Department of Education (DOE) Learning Outcomes and Assessment Standards. Population Council will follow the 4,600 learners and 102 teachers who will have received the adapted AB curriculum in the 6th and 7th grade. Follow-up observations focus on sexual behavior outcomes and knowledge, and attitudinal outcomes around abstinence and faithfulness.

EVALUATION QUESTION: Currently there is little available knowledge on the feasibility and effectiveness of embedding HIV and AIDS prevention AB messages into a comprehensive life skills school-based curriculum that begins with the 6th grade learners. This PHE seeks to answer the following research questions:
(1) Will rigorous process evaluation generate information that leads to an appropriately adapted AB prevention curriculum?
(2) Will the adapted curriculum be the main causal factor in changed sexual attitudes and behaviors among the selected learners?

PROGRAMMATIC IMPORTANCE/ANTICIPATED OUTCOMES: For the FY 2007 COP, Population Council worked on expanding the Life Skills curriculum to 30 schools in Mpumalanga. Population Council developed this curriculum as a replacement for the current Mpumalanga Department of Education's Life Orientation Program curriculum. The comprehensive curriculum addresses the Department of Education's Life Orientation Learning Outcomes and Assessment Standards through the lens of HIV prevention, particularly focusing on AB. In addition, the curriculum builds negotiation, decision-making, and problem-solving skills around HIV prevention. This comprehensive curriculum is designed to be seamlessly incorporated into all 6th - 7th grade (11-12 year old learners) Life Orientation Program classrooms across South Africa. These elements of school-based learning are critical for instilling effective HIV prevention awareness among young people, especially awareness of a balanced AB approach to preventative sexual behavior.

The particular programmatic importance of this PHE builds on the work done in the previous year by adapting the AB life skills curriculum for use in 8th and 9th grade (13-14 year old learners) classrooms. As the Life Orientation Learning Outcomes and Assessment Standards vary by grade, the curriculum that has been developed for the 6th and 7th grades must adapt to reflect the requirements for the 8th and 9th grade DOE Life Orientation program. The PHE will measure the success of this adaptation process through rigorous process evaluation of actual classroom implementation and through the panel study that follows the learners over time with multiple observations of sexual prevention outcomes.

Overall this PHE will contribute to the PEPFAR global 2-7-10 goals by providing an important set of data needed to assess the effectiveness of school-based AB prevention curricula.

TIMELINE AND FUNDING: The total project timeframe is two years. This entry describes activities during the second year of the project, which mainly include development of protocols; training of study team; implementation of process evaluation; adaptation of the curricula; collection of panel data on sexual prevention outcomes; analysis of data; and dissemination of findings. The budget requested for the second year of study is $400,000.

METHODS:

Training: A total of 80 Life Skills educators and 10 Peer Educators from the 30 selected schools will be trained using the "Dare to be Different AB Life Skills Curriculum." (The total number of individuals trained in AB prevention for this PHE is 90.) This training component enhances the capacity of both peer educators and teachers to promote AB messages among learners in schools and the community level. Through parent -teacher meetings, parents will also be exposed to the Life Skills program so that they can assist in creating an enabling environment for their children to participate in this program.

Process Evaluation: Population Council will monitor and evaluate implementation of the adapted curriculum in the 8th and 9th grade classrooms to ensure that (a) the material is age appropriate, (b) material meets the DOE Learning Outcomes and Assessment Standards, and (c) teachers adhere to the curriculum in terms dosage and fidelity. This component will reach more than 1,500 learners in two districts in Mpumalanga province.

Panel Study: The study team will follow an additional 1,562 learners (9 schools) who received the AB curriculum as part of their schools' Life Orientation Program in the 6th and 7th grades in 2007. The panel study will focus on sexual behavior outcomes but will also examine knowledge and attitudinal outcomes around abstinence and faithfulness. As the Life Orientation Learning Outcomes and Assessment Standards vary by grade, the curriculum that has been developed for the 6th and 7th grades will be adapted to reflect the requirements for the 8th and 9th grade DOE Life Orientation Program. In total, 3,062 (1,500 + 1,562) learners will be reached. A subset of this total (approximately 1,000) will receive AB prevention messages that are predominately abstinence-only.

POPULATION OF INTEREST/GEOGRAPHIC AREA: The population of interest is grades 6 to 9 learners in South African schools. The geographical area covered in South Africa is Mpumalanga Province.

INFORMATION DISSEMINATION PLAN: The results of this PHE will be disseminated as widely as possible in South Africa and other resource-constrained African countries, most of which are struggling with the

Activity Narrative: problem of identifying a rigorously tested and successfully implemented school-based AB prevention program for young learners. Results will be presented to local, provincial, and national government officials and made available online through the Population Council and other websites. Findings will be presented to USAID/South Africa at the appropriate time, as well as at national and international conferences.

BUDGET JUSTIFICATION FOR YEAR 2 (USD):
Salaries/ fringe benefits: $320,000
Equipment:$15,000
Supplies: $5,000
Travel: $20,000
Participant Incentives: $ -
Laboratory Testing: $ -
Other: (communications): $ 40,000
Total: $400,000

The majority of funds (80% of the total) will be used for salaries and benefits for study staff, including the principal investigators/lead behavioral scientists, field directors, data managers, statistical analyst, trainers, and data collectors. Approximately seven laptop computers and related support (IT) equipment will be purchased for field data entry and analysis (equipment, 4%). Supplies will include general office supplies, computer supplies, and photocopying of data collection instruments (1%). Travel (5% of the total) will include local transport for the study team and limited international travel for Pop Council New York/Washington based technical expertise visits to South Africa. Finally, communications, office space, and other expenses will account for 10% of the total.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14269, 14270, 14575, 14271, 14272, 14273, 16316, 16317

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Other

Teachers

Coverage Areas

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	8683.08	**Mechanism:**	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	19443.08	**Planned Funds:**	$275,000
Activity System ID:	19443		

Activity Narrative: SUMMARY:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, ARV Drugs, ARV Services, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention.

Background:

The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

ACTIVITIES AND EXPECTED RESULTS:
Activity 1: Vendor Chain
Vendor Chain Management will make use of the SABCOHA HIV/AIDS Toolkit methodology which has a component on workplace prevention programmes. During the capacity building of companies, there will be training of managers, steering committees and HIV Coordinators on prevention. It will be one of the major components of the program as it will cut across at all levels of the company. The approach used will include the education in terms of workshops, information in terms of materials which will be provided during the various sessions as well as various communication channels include audio-visuals. In addition, an assessment to determine needs and risk profile of company(gender, age, socio-cultural aspects) will be conducted. This will assist in determining how prevention programs can be tailored to meet companies' needs. Companies will also be linked to external service agencies for continuous support after the direct capacity building intervention. A particular focus of the company workshops will be on the B component of the AB messaging.

Activity 2: Project Promote
Through Project Promote the current private sector partners in the cleaning and hygiene sectors will receive support on IEC material and programme messages to be included in in-house HIV/ AIDS company training that focuses on issues such as the be faithful messages highlighting the significant risk of having concurrent partners as well as issues of stigma and discrimination within the workplace. The contract cleaning industry is almost 60% female and as such gender issues will also be covered in the materials provided to companies for dissemination. Current private sector partners of Project Promote combined employ over 30 000 cleaners. Through internal company trainers and as part of the partners ongoing workplace programs, Project Promote aims that its private partners will reach at least half of these employees over a 5 year period. During FY 2008 Project Promote aims to facilitate the training of 3800 cleaners.

Activity 3: BizAIDS
The Micro Enterprise sector in South Africa is enormous. Developed by the International Executive Services Corps (IESC) BizAIDS mainstreams HIV and AIDS issues within broader operational and strategic issues for micro enterprises. BizAIDS is a tested strategy in mitigating the economic impact of HIV and AIDS and other unplanned risks on micro-enterprises.
In a 15 hour programme, at minimal cost to the business owner, they will acquire business management; health (HIV) and legal knowledge in managing their business better, thereby reducing risk and to ensure that to continue to operate in the face of risk and to generate income. The aim of the SABCOHA response will be to expand on BizAIDS Project as a core strategic initiative and to include VCT as well as treatment and care to the core projects and through the BizAIDS project, the aim is to train 2500 people over the next 5 years. As the BizAIDS progamme links to with the vendor chain programme the same treatment and care model will be used. While numbers are based on an average of 500 micro-enterprises per year to be serviced each year over 5 years, it is possible that the treatment and care components can be extended to include spouses and dependents should funds allow. The BizAIDS programme will have access to 500 Microenterprises per annum. On Average these enterprises have approximately 5 employees each with an additional 5 family members being influenced by the enterprise itself.

This activity will directly contribute to PEPFAR's goal of preventing 7 million new infections. These activities support the USG Five-Year Strategy for South Africa by expanding and improving quality AB prevention programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	190.08	**Mechanism:**	N/A
Prime Partner:	Aurum Health Research	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	19444.08	**Planned Funds:**	$100,000
Activity System ID:	19444		

Activity Narrative: SUMMARY: The Aurum SME Project commenced in September 2007. The project seeks to extend access of HIV related services such as prevention, counseling, testing and treatment to people that currently are not accessing services through the existing health care system. The project specifically targets employees of small, micro and medium sized (SME) companies as well as their partners and dependents. In the second year of this project, the focus will be on strengthening service provision at the existing service points as well as extending the service offering to four additional fixed sites in Mpumalanga, Limpopo and Gauteng provinces.

BACKGROUND: Aurum provides services to SMEs at the workplace, through the use of mobile vehicles and through a fixed testing site at the Bree Street Taxi Rank which is the busiest taxi rank in Johannesburg, catering for an estimated 400,000 commuters a day in addition to 500 traders and 2000 taxi drivers.

ACTIVITIES AND EXPECTED RESULTS: Prevention activities will comprise prevention messaging targeting youth and young adults that utilize the fixed Bree centre as well as a campaign that will involve the use of counselors visiting educational institutions, sports facilities and entertainment venues within the targeted areas. In FY 2008 these activities will be expanded through the employment and training of additional counselors. It is anticipated that 7000 people will be reached with specific abstinence and be faithful messaging. Messaging that specifically targets the young men and young women will encourage abstinence, delayed sexual debut, avoidance of risk taking behavior and reduction in the number of sexual partners. All the messaging will be provided in languages understood by the targeted group and the project will involve an ongoing conversation with the community as opposed to short-term information blitzes. In addition 300 individuals from the targeted companies and communities will be trained as peer educators to use A/B focused materials.

ACTIVITY 1: Recruitment and training of youth community mobilization counselors.
Aurum intends to recruit additional youth counselors who will be trained and then tasked with the provision of youth focused messaging and education to students at educational institutions within the targeted areas, mainly high schools and tertiary educational colleges. Young commuters that frequent the taxi ranks will also be targeted with the specific A/B message. The training provided to the youth counselors will include basic counseling skills, sexuality, modes of HIV transmission, gender as related to the HIV epidemic, prevention methods, counseling for behavioral change, group and individual counseling.

ACTIVITY 2: Delivery of specific AB message to targeted youth.
An ongoing activity under this grant will be the delivery of targeted messaging to youth, attending educational institutions in the targeted areas. Youth will also be targeted at sports venues and other entertainment venues and the abstinence, be faithful and delay in sexual début will be delivered in one on one and small group information and education sessions. Messaging will specifically targets young men and young women and will encourage abstinence, delayed sexual debut, avoidance of risk taking behavior and reduction in the number of sexual partners. All the messaging will be provided in languages understood by the targeted group and the project will involve an ongoing conversation with the targeted communities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7338.08

Mechanism: UGM

Prime Partner: Family Health International SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16087.08

Planned Funds: $485,000

Activity System ID: 16087

Activity Narrative: SUMMARY:

USAID/South Africa (SA) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including abstinence and fidelity focused prevention programs, through three competitively-selected Umbrella Grants Mechanism (UGM) partners: Pact, the Academy for Educational Development (AED) and Family Health International (FHI).The main purposes of these UGM projects are to: (1) facilitate further scale-up of HIV and AIDS prevention services through local and international implementing partners in the short-term; and (2) develop indigenous capability thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs). The current UGM with FHI will support five sub-partners who have transitioned over from Pact and five new sub-partners. The activity described below refers only to the USAID/SA UGM project managed by FHI.

BACKGROUND:

Currently, USAID/ SA's Health and HIV and AIDS strategy responds to the overwhelming challenges posed by the HIV and AIDS epidemic on individuals, families, communities and society in South Africa. Through this UGM, FHI is responsible for managing sub-grants to ten of USAID's partners (all of whom submit their own COPs directly to USAID). As USAID's prime partner and the managing umbrella organization, FHI will not directly implement program activities, but rather act as a grants management partner to manage and mentor its ten sub-recipients who, in turn, will carry out the assistance programs. Thus, FHI functions primarily as a sub-grant making entity and a relatively small percentage of overall funds are used for administrative purposes. Given that grant recipients require significant technical assistance and management support, FHI will devote a reasonable percentage of overall funding to providing this support.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments at national and/or local (i.e. provincial and district) levels, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, the National Departments of Health and Social Development (NDOH, DOSD), and representatives from the provincial departments.

Under this UGM with FHI, USAID is supporting four indigenous and international FBOs and NGOs providing abstinence and be faithful-focused (AB) prevention services to communities in the provinces. These are: GoLD Peer Education Agency; Humana People to People; LifeLine; and Mpilonhle. Grants to prevention partners support the delivery of AB programs in a variety of settings including schools, churches, and outreach to communities. Services are delivered in accordance with the PEPFAR ABC guidance. Approaches include capacitating community volunteers to conduct age-appropriate youth activities, working with religious leaders to reach congregations with value-based prevention for men and women, conducting participatory personal risk assessments, and promoting VCT and use of other HIV services.

ACTIVITIES AND EXPECTED RESULTS:

In the FY 2008, USAID will continue to support AB prevention activities through this UGM with FHI. Funds budgeted under this narrative will support costs for administering and managing these AB prevention sub-partners of FHI. The subpartners conducting Prevention activities are: GoLD Peer Education Agency; Humana People to People; LifeLine; and Mpilonhle. Separate COP entries describe the prevention activities implemented by each sub-partner under FHI. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and an important strategy for achieving prevention, care, and treatment goals of PEPFAR to ensure long-term sustainability of programs and organizations.

ACTIVITY 1: Grant Management

Through this UGM, FHI will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS AB prevention activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. FHI will continue to monitor prevention program implementation and adherence to financial regulations, both within FHI itself and by its sub-partners (e.g., USAID's partners). This involves provision of extensive technical assistance to partners on project development and implementation, financial management, and reporting. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 2: Capacity Building

This umbrella mechanism will support institutional and technical capacity building of indigenous organizations, a key strategy for PEPFAR prevention goal, thus promoting more sustainable programs and organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support). FHI will support activities to improve the financial management, program management, quality assurance, strategic information and reporting (including monitoring and evaluation), and leadership and coordination of its sub-partner organizations implementing prevention activities. FHI will also provide technical assistance to the USAID partners, as needed, to improve the technical approaches used for AB prevention activities and to enable quality assurance/quality improvement (QA/QI) of activities falling within this technical area. All these functions provide key support to organizations so they better implement AB activities.

ACTIVITY 3: Monitoring and Evaluation (M&E) and Reporting

The UGM will ensure that support is provided to USAID's prevention partners in M&E, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. FY 2007 featured an initial intensive training workshop with the partners to address data collection, data analysis, and data use and to develop their annual M&E Plans and data collection tools. Training and technical assistance will continue to be systematically provided to all of FHI's sub-partners under the UGM

Activity Narrative: during FY 2008, as well. M&E support of prevention partners will include revision/updates to data collection tools, as needed; measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, the UGM will provide supportive supervision including guidance, monitoring, mentoring and oversight through site visits, virtual and direct technical assistance, and QA/QI initiatives. All these functions provide key support to organizations so they better implement AB activities.

The FHI UGM will contribute to the PEPFAR goals of providing treatment to two million HIV-infected people; prevent seven million HIV infections; and provide care to ten million people infected by HIV and AIDS, including orphans and vulnerable children (OVC).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14026, 13760, 13989, 13976, 16088, 16089, 16090, 16091

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13976	3020.08	6672	479.08		Humana People to People in South Africa	$1,267,000
13760	8239.08	6598	4747.08		GOLD Peer Education Development Agency	$300,000
13989	8271.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
16090	16090.08	7338	7338.08	UGM	Family Health International SA	$363,750
16091	16091.08	7338	7338.08	UGM	Family Health International SA	$1,011,800

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
North-West
Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7568.08

Mechanism: NPI

Prime Partner: Genesis Trust

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16849.08

Planned Funds: $0

Activity System ID: 16849

Activity Narrative: SUMMARY:

The education and awareness outreach programs are implemented in nine communities, two schools, and six factories. The emphasis areas are education, gender and workplace programs. The program includes activities that address societal and community norms to reduce stigma. Workplace programs engage private businesses to provide HIV and AIDS care, treatment and prevention for their employees. Gender is addressed through efforts to increase gender equity in HIV and AIDS programs by encouraging couple counseling and testing. Education programs use the existing school system as a means to address HIV prevention with children. The school program also addresses the emphasis area of addressing male norms and behaviors by encouraging young men to be responsible in their sexual behavior and child rearing and to respect women- including the reduction of sexual violence and coercion, number of sexual partners and cross-generational and transactional sex. The primary target populations are youth and adults, many of whom fall into most-at-risk populations, namely mobile populations, persons who exchange sex for money and /or other goods with one or multiple or concurrent sexual partners but who do not identify as persons in prostitution.

BACKGROUND:

Project Positive Ray (PPR), is one of the Ugu AIDS Alliance (UAA) implementing partners. PPR's activities are not directly supported by the South African Government (SAG) but are in line with the SAG priority areas. PPR uses government-facilitated training for the community-based volunteers.

Young people are South Africa's most important asset and protecting them from contracting HIV is one of the most important objectives shared by the Ugu AIDS Alliance (UAA) and PEPFAR. UGU AIDS Alliance addresses OCAG's priority intervention of 'Abstinence and Behavior Change for Youth' through school programs and the priority intervention: 'Promoting Healthy Norms and Behaviors' through our community and workplace programs. The project also addresses the South African HIV and AIDS and STI Strategic Plan for 2007-2011 the following key priority areas: (1) Create an enabling environment for HIV testing; (2) Implement interventions targeted at increasing behavior change and subsequent HIV infection in young people, focusing on young women; (3) Increase open discussion of HIV and sexuality between parents and children; and (4) Increase roll out of workplace HIV prevention programs.

The volunteers reach large numbers of people, operating on the premise that the more individuals who receive the message, the higher number who may make behavioral change as a result of being able to make informed choices. This is done by working with families and small group and not large community awareness events. People are also educated on factors that drive HIV transmission such as cross generational sex and having concurrent partners. People are actively encouraged to know their HIV status. HIV negative people are encouraged to stay negative through the various messages from the awareness education program.

Abstinence and being faithful is promoted as the most important means of reducing sexual transmission of HIV. The programs encourage unmarried individuals especially the youth, to delay sexual activity until marriage. The education and awareness program conducted in schools highlights to adolescents aged 10-19 the benefits of undertaking early HIV counseling and testing. In all the education programs people are strongly encouraged to know their HIV status. They are referred to go for testing at government accredited sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Education and Awareness programs

To reduce the risk of HIV infection by educating our communities on the importance of abstinence, being faithful and delaying sexual debut. The training will be used to do education and awareness interventions in schools, factories, and communities. Topics covered include: What is HIV and AIDS? How people are infected and affected? What causes AIDS? Can AIDS be cured? What happens to a person infected with Aids? Voluntary Counseling and Testing? Treatment and adherence to antiretroviral treatment.

The organization will conduct education and awareness programs in six factories, two schools, and nine communities, and will reach 15,300 people. Thirteen volunteers each do 20 education and outreach activities visits to families in their homes each per month, each family averaging five members. Therefore, per month, 1300 people are reached, and in 11 months, 14,300 people. In addition, work in factories reaches 500 people per year and work in schools reaches 500 youth per year.

ACTIVITY 2: Skills Training in HIV Prevention Education

Thirty community members will be trained to provide HIV prevention education. Training on quality assurance is done through monitoring and evaluating the work the volunteers do and through study of the reporting forms which are submitted to the project office on a monthly basis.

Current staff will be sent on refresher training to update their skills and community members will be afforded the opportunity of receiving training. GT's role is to coordinate the attendance of peer educators at government run training programs. The results of these activities will contribute to the PEPFAR 2-7-10 goals to reduce new HIV infections among youth by facilitating the HIV prevention programs through abstinence and/or being faithful activities encouraging behavior change.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16851, 16850, 16853

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16851	16851.08	7568	7568.08	NPI	Genesis Trust	$0
16853	16853.08	7568	7568.08	NPI	Genesis Trust	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,400	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7412.08

Mechanism: APS

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16316.08

Planned Funds: $350,000

Activity System ID: 16316

Activity Narrative: SUMMARY:

This activity involves the Population Council (PC) working closely with the South African Council of Churches (SACC), the Eastern Cape Provincial Council of Churches and the Mpumalanga Provincial Council of Churches to pilot and scale up a community-based HIV and AIDS prevention program focused on abstinence and being faithful messages that are delivered to out-of-school youth in two provinces of Mpumalanga and Eastern Cape in South Africa.

These organizations have a wealth of experience in youth interventions, and have conducted relevant activities in the two provinces selected. The program should be highlighted for its intended contribution toward strengthening social mobilization and community involvement in prevention initiatives for out-of-school and vulnerable youth in particular. Emphasis areas include training and gender, and target populations are adolescents, adults, people living with HIV and AIDS, orphans and vulnerable children, street youth, pregnant teenagers, and religious leaders will also be targeted through community outreach programs.

BACKGROUND:

Based on their comprehensive and complementary experience working with young people, during FY 2008 the Population Council, the Eastern Cape Provincial Council of Churches and the Mpumalanga Provincial Council of Churches intend to design, implement and evaluate HIV prevention AB activities among out-of-school and other vulnerable youth who are not well reached by programs in largely rural and peri-urban areas in the EC and Mpumalanga. The program will deliver tailored AB interventions and messages to reach youth based on their age, sex and needs. It will work through youth clubs, churches and community groups. The program will draw extensively from the work of two partners in South Africa that formerly collaborated with the Population Council/Horizons Project and in Zambia where PC/Horizons worked with hundreds of out-of-school youth to implement a three-year program, which trained young people to provide care and support for people living with AIDS and OVC and to engage in prevention activities. The FY 2008 program will strengthen social mobilization and community capacity and involvement to participate in prevention initiatives for out-of-school and other vulnerable youth.

This AB prevention program emphasizes strategic information: processes and progress will be systematically documented at all stages. Routine programmatic routine data will be collected and analyzed on a small-scale operations research basis. Routine data will be tracked on a monthly basis to obtain program outputs such as the number, age and gender of the beneficiaries reached. The field support staff will receive training on strategic information, and will be responsible for collecting the required information.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Pilot and Scale-up

For FY 2008, this program will initially be piloted in two rural communities in one district in the Eastern Cape (Amathole) and also in a district in Mpumalanga (Nelspruit). The pilot will be refined within six months and expanded to four additional communities in these districts by the latter six months of the year. In year two, a second district will be identified in each of the two provinces (Mqanduli in the EC, Mpumalanga will be determined) for further expansion and scale-up. This strategy will allow for a phased-out scale-up approach, giving the partners the opportunity to develop and test relevant interventions, apply lessons and program results in the new sites, while strengthening activities in pilot sites. It will also provide the opportunity for the different communities and stakeholders to share lessons facilitate and support activities.

The AB Prevention component will include messages to delay sexual debut, reduce number of partners, channel youth interest to include healthy activities such as sports, drama and other community activities, and promote counseling and testing.

ACTIVITY 2: Implementation and Assessment of Prevention Messages and Interventions Through Community Outreach

The focus of this activity is implementing and evaluating a relatively broad set of prevention outreach to the out-of-school youth. While the clear focus is on HIV and AIDS prevention, an underlying objective is encouraging the out-of-school youth who had failed to complete school (e.g., due to pregnancy) to re-enroll and complete their education. Youth will be encouraged to explore training opportunities that will assist them to participate in income generating activities within their communities. Peer educators, youth mentors, community leaders and stakeholders will also be trained to promote HIV prevention messages. Male participation will be enhanced through targeted initiatives such as male forums that discuss gender norms and dynamics in the communities.

The individuals targeted for exposure to predominately AB prevention messages are not the same individuals targeted for exposure to messages that are predominately Other Prevention.

Other activities will include the promotion of secondary abstinence, channeling youth interest to include healthy activities such as sports, drama and other community activities, messages and support around abstinence, being faithful messages for youth with partners and partner reduction and including promoting access to counseling and testing, messages on cross-generational and transactional sex, and finally, messages on gender norms aimed at reducing violence and coercion. The prevention strategies and interventions that are deemed feasible, acceptable and successful will be assessed and documented and the results shared widely to enhance expansion activities in year two.

During FY 2008, the program will contribute to key targets highlighted in the National HIV and AIDS and STI Strategic Plan (2007-2011), which includes the need to promote healthy lifestyles.

The project will address the 2-7-10 PEPFAR goals by increasing the number of individuals reached through community outreach strategies that promote a balanced strategy centered on messages of abstinence and being faithful among out-of-school youth.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14269, 14574, 14270, 14271, 14575, 16317, 14272, 14273

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	840	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Religious Leaders

Coverage Areas

Eastern Cape

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7299.08

Mechanism: CARE UGM

Prime Partner: Muslim AIDS Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15937.08

Planned Funds: $220,000

Activity System ID: 15937

Activity Narrative: SUMMARY:

Muslim AIDS Program (MAP) is a faith-based organization (FBO) working with families holistically through its youth to promote abstinence-based norms and behavior within communities. The project is implemented in close collaboration with either the provincial health departments the Department of Social Development in each of the four target provinces. MAP is currently operating in the four of the nine provinces: Western Cape, KwaZulu-Natal, Gauteng and Mpumalanga. The organization recruits and trains young adults to work in the programs as peer group trainers and facilitators. The emphasis areas for this project are gender through addressing male norms and behaviors, human capacity building and local organization capacity building. The target population for this project are youth both in- and out-of-school, community and religious leaders, and street youth.

BACKGROUND:

MAP life skills program is an initiative of the Islamic Careline, Jamiatul-Ulama and the Islamic Medical Association. One of the key objectives is to assist children and youth to become responsible members of the community. MAP has developed a series of life skills programs and continues to provide facilitation training for the programs. MAP has been receiving PEPFAR funding through the CDC-National Department of Health cooperative agreement since FY 2005. In FY 2007 MAP became a sub-partner of CARE international and now receives funding through the CARE international/CDC cooperative agreement.

In FY 2008 MAP will expand services geographically in the provinces where it is operating. There will be an expansion of accelerated prevention programs targeting youth, especially girls. These programs will include discussions on promoting and strengthening primary and secondary abstinence; promoting post-exposure prophylaxis (PEP) after sexual assault, discussion on gender issues, delayed sexual debut, encouraging positive prevention for infected people and integrating reproductive health to HIV programs. These topics shall also be taught to young women as they are the most vulnerable.

ACTIVITY 1: Abstinence and Being Faithful Program

MAP's abstinence and being faithful (AB) life skills program will target secular and religious schools and educational institutions. The abstinence-based messages are designed to assist youth in- and out-of-school aged 10 to 21, and to encourage them to delay sexual debut until marriage. The organization visits a school for a six week period. During that time, bi-weekly two hour sessions are conducted with the same group. Topics covered include delaying sexual onset, adoption of community norms that denounce cross-generational sex, HIV and AIDS, and stigma and discrimination.

The organization also promote behavior change by endorsing social and community norms that support refraining from sex outside marriage and partner reduction.

The "No Apologies" program will be implemented with youth from Grades 7-12, and with out-of–school youth. The program is a character-based abstinence until marriage program. Topics covered include: healthy relationships, media literacy, pre-marital sex has consequences, why abstinence works, and drugs and alcohol as it relates to abstinence.

The "Free Teens" program is also abstinence-based and encourages young people to make informed choices about their future through interactive discussion on pertinent topics. The program covers HIV and AIDS, STI's and as well as a comprehensive pregnancy prevention program for unmarried people.

Gender equity is achieved by encouraging a consistent number of both male and female learners to attend the program. Male/female norms and behaviors are widely discussed during school programs. Stereotypes of male/ female dominance and subservience exist in families and there is a need for the youth to engage in and interact with these issues.

ACTIVITY 2: Training and Peer Education in Schools

MAP will train young university students and available unemployed youth to render a service to the organization. Trained youth attend workshops for both self development and as volunteer facilitators for the organization. MAP conducts the ladies' life skills and parenting skills programs which promotes constructive communication between youth and parents who are primary caregivers.

The Rutanang Peer Education concept will be implemented within the existing program with the training of peer educators as well as the incorporation of various appropriate experiential exercises. Peer Educators will be trained to effectively communicate the AB messages which include abstinence to the 10-14 years, encourage them to delay sexual debut and secondary abstinence to those who have started sexual activities and for the youth at-risk to reduce the number of sexual partners.

ACTIVITY 3: Creative Education

The organization incorporates entertainment in the form of role plays, drama, indigenous games, dancing and singing to reinforce the AB and the life skills message. In the Orphan and Vulnerable Children program, life skills are simplified to suit the needs of this special group of learners. Some of the topics that will be added will include road safety, basic entrepreneurial skills, peer communication skills as well as arts and culture. The program is translated into different languages for the benefit of the learners in some schools.

Evaluations of these programs have proven that the use of creative arts is well received by the learners and this will therefore be expanded. The use of holiday camps as well as mother/daughter and father/son projects are rapidly becoming a means of intervention whereby parent-child interaction is enhanced and promoted.

ACTIVITY 4: Capacity Building

MAP provincial offices mentor eight community-based organizations (CBOs) in order to develop capacity in AB programs and to strengthen peer education. Specific training for CBOs includes workshops on program

Activity Narrative: management, basic information on HIV and AIDS, and "NO Apologies" "Free Teen" and Rutanang Peer Education. Interns and volunteers are recruited to facilitate the implementation of the program in informal settlements and previously disadvantaged communities. The volunteers are capacitated with additional training opportunities to improve skills for effective service delivery.

These activities will contribute to the PEPFAR 2-7-10 goals by promoting knowledge and skills to prevent HIV infection in youth population that may have an increased risk to HIV exposure.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 466.08

Mechanism: HPI

Prime Partner: Health Policy Initiative

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3014.08

Planned Funds: $944,750

Activity System ID: 15073

Activity Narrative: SUMMARY:

HPI TO1 is follow-on to the POLICY Project funded by USAID. HPI TO1 will support the implementation of policies and programs to integrate gender, stigma and discrimination into HIV prevention programs. The project will work with faith-based organizations (FBOs), traditional leaders (TLs), and community-based organizations (CBOs) to develop and implement Abstinence and Be faithful (AB) prevention messages and programs. HPI TO1 will assist FBOs and CBOs to systematically identify program gaps and barriers to uptake or dissemination. Activities will focus on improving knowledge about HIV, behavior change to reduce risk, community mobilization and participation in HIV prevention programs.

Over the years, HPI TO1 has worked with the FBOs and TLs as a key target group. The organization aims to respond to the needs of the groups in prevention. These needs have evolved variously from the need to sensitize the leadership and membership on the necessity of including a prevention focus in their programs, to helping groups set up prevention programs for their diocese and communities. Currently, HPI TO1is targeting behavior change and emphasizing what needs to happen at the personal level. HPI TO1 will be utililizing approaches that influence individual behavior as it relates to HIV prevention, using proven approaches that reinforce person-to-person influences and decision making, and which will ultimately lead to behavior change at the personal level.

Emphasis areas are training in AB, with special focus on behavior change; community mobilization and participation; gender which will address male norms and behaviors, reduce gender-based violence and coercion; and human capacity building for partners at the national, provincial and community levels. Capacity building aims to identify and address the operational barriers that impede the expansion of HIV programs. The target population is adolescents, adults, people living with HIV, and religious leaders.

BACKGROUND:

HPI TO1 empowers new partners to participate in the policy making process. The initiative helps organizations translate policies, strategic plans, and operational guidelines into effective programs and services. The project will work with FBOs, TLs, and CBOs to develop and implement AB prevention messages and programs and to assist these organizations in systematically identifying program gaps and barriers to uptake or dissemination. HPI TO1 will continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV prevention, care, and support programs and policies. Project assistance focuses on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS. The activities proposed under HPI TO1 will (1) focus on the devolution of capacity building and training in AB programs to district level for TLs and to FBOs; (2) provide technical assistance to TLs and faith-leaders to ensure their training skills are used and appropriate prevention messages are being disseminated in communities; and (3) build the capacity of traditional and faith leaders to identify barriers to uptake or expansion of prevention programs. In this period HPI TO1 will also work in partnership with the South African National AIDS Council (SANAC) and the National House of Traditional Leaders. HPI TO1 will partner with SANAC to provide direct technical assistance to TL structures in South Africa.

Traditional Leaders: It is estimated that over 16 million people live in the rural areas that are under the jurisdiction of TLs. These TLs command respect and have significant influence on the day-to-day running of many rural/ peri-urban communities. They are also key players in the governance structures of South Africa, particularly at the local level, and are therefore well placed to mobilize communities to access and use services. In 2001, a partnership between the National Department of Health (NDOH) and the Nelson Mandela Foundation (NMF) supported the formation of the National TLs' HIV and AIDS Forum and the development of a national strategy by TLs to address the challenges of HIV and AIDS. Previously, the activities in this program area focused mostly on Traditional Leaders at the provincial level and were implemented in partnership with a small non statutory Traditional Leaders forum. In this period HPI TO1 will be implementing this activity in support of the National House of Traditional Leaders. This is the biggest body of Traditional Leaders in South Africa and is also a statutory body represented in the national parliament and the South African National AIDS Council. The National House of Traditional Leaders is key in assisting HPI reach as many Traditional Leaders in their various forms, kings, indunas, chiefs, traditional councilors and will be implemented at the district level. Further in this period HPI will be implementing activities in the Northern Cape which did not receive any interventions previously.

Faith-Based Organizations: South Africa is a multi-faith country. FBOs are rooted in the community and are in a strong position to mobilize communities to address the challenge of HIV and AIDS. They can promote prevention strategies, mobilize communities against stigma and discrimination, and provide community-based care and support to people infected or affected by HIV and AIDS. The capacity of many FBOs to develop appropriate training materials or to design and implement effective programs varies considerably. In the previous interventions HPI TO1 worked with FBO’s such as the National Baptist Church of Southern Africa, the Southern African Catholic Bishops Conference and the Church of the Provinces of Southern Africa. In this period HPI will be working with the mostly Africa traditional faiths such as the Zion Christian Church and Shembe.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1. Traditional Leaders

HPI TO1 will conduct six provincial, three-day training workshops; each workshop will host 40 participants. Each of 240 people trained will then conduct at least five activities to reach community members with A/B messages within one year of receiving the training. These workshops will be focusing on encouraging TLs to promote prevention messages in particular, the reduction of concurrent sexual partners being faithful to one sexual partner, especially in older youth and adults engaged in sexual relationships, abstinence or delaying sexual debut for young people aged 10-14 before they start engage in sexual activity, the role of gender and gender based violence in prevention and prevention for positive individuals. This activity will be implemented in KwaZulu-Natal, Eastern Cape, Mpumalanga, Free State, Limpopo, North West and

Activity Narrative: Northern Cape provinces. The training will focus on the design, planning, and dissemination of successful AB prevention messages and will include strategies to reduce community level stigma and discrimination and raise awareness of the impact of gender-based violence on women's access to prevention programs including discussion of issues of the role of men in society. HPI TO1 will look at individual behavior and how to reinforce positive behaviors in the community. We will look at addressing both individual and larger community issues that are barriers to behavior change. Trainees who are TLs will include AB prevention messages into one TL's council meetings once a month. As more TL's take the lead in addressing HIV and AIDS, this would have more impact in behavior change of men in their different constituencies, because most Traditional Leaders are men. The training materials used throughout this activity will be developed by HPI TO1. HPI TO1 will follow up with a subset of trainees to (1) assess the activities carried out; (2) identify the challenges and opportunities TLs are experiencing in disseminating AB messages; and (3) provide technical assistance to the TLs to strengthen their skills in order to address implementation challenges.

ACTIVITY 2. Faith-Based Organizations

HPI TO1 will facilitate nine provincial workshops on integrating AB messages into the church activities of a selected church group. Thirty participants will be reached in each provincial workshop. These workshops will focus on encouraging FBOs to promote prevention messages, such as the reduction of concurrent sexual partners, the delay of sexual debut for young people, being faithful to one sexual partner, the role of gender and gender-based violence against women and girl children in prevention and prevention for positive individuals. A total of 315 people will be trained. Each of the 315 people trained will then conduct at least one activity to reach community members with A/B messages within one year of receiving the training. Trainees will develop action plans to disseminate AB prevention messages and conduct prevention outreach activities within the church communities. HPI TO1 will follow up with a subset of those who participated in training to assess: (1) the degree to which participants were able to implement their action plans; (2) the challenges and opportunities trainees encounter in their community; and (3) to reinforce skills learned in the provincial training workshops in order to build a sustainable cadre of trainers. The trainees for FBOs will be comprised of faith-based HIV and AIDS committee members and other members of the broader church community. Technical assistance will be included in the training curriculum.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7602

Related Activity: 15074, 15075, 15076, 15077

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23062	3014.23062.09	U.S. Agency for International Development	Health Policy Initiative	9886	466.09	HPI	$970,905
7602	3014.07	U.S. Agency for International Development	The Futures Group International	4484	466.07	HPI	$1,200,000
3014	3014.06	U.S. Agency for International Development	The Futures Group International	2670	466.06	Policy Project	$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15074	6427.08	7034	466.08	HPI	Health Policy Initiative	$388,000
15075	3015.08	7034	466.08	HPI	Health Policy Initiative	$291,000
15076	3017.08	7034	466.08	HPI	Health Policy Initiative	$121,250
15077	3016.08	7034	466.08	HPI	Health Policy Initiative	$1,455,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	61,170	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	555	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 6155.08

Mechanism: UGM

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12257.08

Planned Funds: $582,000

Activity System ID: 14252

Activity Narrative: SUMMARY:

Pact's Rapid Response for HIV and AIDS in South Africa is an umbrella grant mechanism for USAID PEPFAR grants identified through a USG interagency competitive (APS) process. Pact's primary goal is to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and quality services. Pact conducts initial assessments (identifying key organizational strengths and weaknesses) and works with each partner to develop and implement a tailored, phased capacity building agenda.

BACKGROUND:

Since FY 2004, Pact has facilitated the efficient flow of grant funds during the rapid scale-up of the PEPFAR South Africa program. Pact provides PEPFAR funding and assistance to over 30 total PEPFAR partners and sub partners in South Africa playing valuable roles in the fight against HIV and AIDS. Primary target organizations include non-governmental, private voluntary and faith-based organizations. Pact's major emphasis is the enhancement of local organizational capacity building through the development and implementation of documented organizational systems and procedures and human capacity development at management and operational levels. Prevention activities have to date resulted in Pact partners reaching over 200,000 people with Abstinence and Being Faithful (AB)-focused messages. Grants to prevention partners support the delivery of AB programs in a variety of settings including schools, churches and through household visits. Services are delivered in accordance with the President's Emergency Plan for AIDS Relief (PEPFAR) policy guidelines and in line with the South African Government's Department of Health strategy. Approaches include capacitating community volunteers to conduct age-appropriate youth activities, working with religious leaders to reach congregations with values-based prevention for men and women, conducting participatory personal risk assessments and promoting Counseling and Testing (CT) and use of other preventive services.

ACTIVITY 1 - Grant Management

Pact conducts a participatory assessment of each partner organization and collaboratively develops an organizational capacity building strategy that details planned interventions. These assessment results also inform Pact of what type of assistance must be provided urgently in order to ensure that the organizations comply with USAID rules and regulations. Prior to the signing of grant agreements, Pact provides extensive assistance to organizations in developing comprehensive program design documents that accurately reflect planned activities and clearly articulate defined goals and objectives. Further assistance is provided in costing program activities and developing a detailed budget that is consistent with program objectives. Pact assists partners in developing realistic cost share levels and emphasizes the sustainability aspect of this requirement. After the signing of the agreement, Pact works with each partner in developing a very detailed annual work plan that includes specific activities to be implemented, timelines, budgeted amounts, target beneficiaries and projected reach. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of partner organizations to diversify their funding base and ensure sustainability.

ACTIVITY 2 - Human Capacity and NGO Development

Pact has developed a customized training series to orient new partners and their sub partners. The training series includes basic and advanced grants and sub grant management which addresses USAID rules and regulations, good governance and minimum financial management standards. Monitoring and evaluation courses cover basic principles of monitoring and evaluation and PEPFAR data requirements as well as internal data quality assurance. Refresher courses are also offered throughout program implementation. Pact ensures that ongoing, intensive on-site training and mentoring is provided to partners and sub partners. On a quarterly basis, Pact assesses the level and type of assistance required by each organization and develops a site visit plan that ensures that the necessary support is delivered to each partner and sub partner. Pact organizes and supports technical consultation meetings for the sharing of best practices and lessons learned among PEPFAR and non-PEPFAR partners. As required, technical assistance from select regional and international providers is sourced to assist partners in improving their technical capacity.

ACTIVITY 3 - Monitoring and Evaluation (M&E)

Pact SA assists each grantee in developing a results framework that tracks success against both PEPFAR program and organizational indicators. Pact further assists partners and sub partners in the development of monitoring, evaluation and reporting (MER) plans and systems. Participation in a five day M&E training is mandatory for all partners prior to full implementation. Pact provides additional M&E assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems, conducting internal data quality audits and verifying and validating partner and sub partner data submissions

ACTIVITY 4 - Program and Financial Monitoring

Pact recognizes the importance of monitoring partner and sub partner program progress and early identification and resolution of implementation issues. Pact has frequent and regular contact with partners and if technical/programmatic gaps or problems are identified, ensures that issues are promptly addressed and resolved. In addition to monitoring program progress, Pact closely monitors partner financial management and ensures that grants funds are utilized only for activities approved by USAID under PEPFAR funding. All partners submit monthly financial reports that that detail and document expenditures. Once Pact has ascertained that the partner has implemented and/or strengthened financial management systems which fully comply with USAID regulations, the documentation requirement is removed and only the monthly reporting requirement remains in effect. Pact finance staff visit partners every quarter to audit program expenses and accompanying documentation, compliance with USAID rules (including branding requirements) and cost share.

ACTIVITY 5 - Technical Assistance

Activity Narrative:

Pact will provide and manage direct technical assistance in prevention, care and support strategies for all sub-grantees. Pact technical staff will conduct assessments and provide consultation and training on the development and implementation of programs and services (in line with best practice models, donor and SAG recommended methodologies and standards). In addition, sub-grantees will be supported with guidance and ongoing assistance on the design and delivery of partner HIV and AIDS curricula, training modules and publications. Pact will also work closely with partners to ensure the effective incorporation and strengthening of nutrition and food security, protection services, gender mainstreaming, and human capacity development in existing programs.

Pact has contributed to the 2-7-10 PEPFAR goals through support to five indigenous and international FBOs providing prevention services to communities in all nine provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12257

Related Activity: 14253, 14254, 14255, 14256, 13843, 13993, 13959, 13758, 13803

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22880	12257.22880.09	U.S. Agency for International Development	Pact, Inc.	9815	6155.09	UGM	$565,066
12257	12257.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13803	2992.08	6615	335.08		Salvation Army	$200,000
13758	3292.08	6597	2798.08		CompreCare	$500,000
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13993	3024.08	6679	481.08		Living Hope	$400,000
13843	8267.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
14255	12410.08	6755	6155.08	UGM	Pact, Inc.	$485,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 7966.08

Planned Funds: $1,036,000

Activity System ID: 14058

Activity Narrative: SUMMARY:

PEPFAR funds will be used to continue to support the National Department of Health (NDOH) Youth and HIV directorate. Since FY 2005, PEPFAR funds have been used to place a Youth HIV advisor at the NDOH. This advisor has provided programmatic support to the NDOH in terms of growing the youth program and ensuring support for non-governmental organizations (NGOs), faith-based organizations (FBOs), and other organizations working in the area of youth and HIV. The emphasis will be on human and local organization capacity development, and training. The target populations will include host country government workers, implementing organizations and youth between the ages of 10 -18. Activities will also focus on young adults, between the ages of 18 and 24, especially women. The focus for this group, particularly those women that are sexually active, will be on the B component of the AB program

BACKGROUND:

Four NGOs will be supported to carry out AB prevention activities for youth through the NDOH cooperative agreement. The funds requested under this COP entry "In-Support of the NDOH" will continue to support a youth specialist that provides technical assistance to the NDOH on youth activities including the provision of technical oversight to the four NGOs. The "In-support of the NDOH" funds are also allotted to small-scale activities at the request of the NDOH for AB prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will be carried out in this Program Area.

ACTIVITY 1: Technical Assistance

FY 2008 funding will ensure continued support for a locally employed staff to provide technical and programmatic assistance to the NDOH in the area of youth and HIV. The youth advisor will continue to work closely with NDOH in the design and delivery of their youth interventions. In addition, the youth advisor will ensure collaboration between youth-based NGOs funded through the CDC-NDOH cooperative agreement.

ACTIVITY 2: Expansion of the Peer Educator Program

Providing coordination and oversight for Rutanang peer education trainings (particularly addressing abstinence and be faithful, youth-friendly services, HIV prevention initiatives and strategies, male norms and behavior and violence, cohesion, stigma and discrimination) offered for the NDOH, the South African Department of Education (DOE), and other South African Government partners in collaboration with Harvard University.

ACTIVITY 3: Capacity Building

FY 2008 funding will be used to build the capacity of local organizations that are working with Youth. Capacity building will be achieved through the provision of training on HIV and on the promotion of AB messages. This will be done in collaboration with the NDOH and DOE and in line with their priorities.

ACTIVITY 4: Families Matter!

FY 2008 funds will be used to begin to adapt and implement the Families Matter! Program (FMP). FMP is an evidence-based, parent focused intervention designed to promote positive parenting and effective parent -child communication about sexuality and sexual risk reduction for parents of 9-12 year olds, with the prospect of expanding to parents of teenagers at a later stage. FMP recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behavior and communicate important HIV, sexually transmitted infection, and pregnancy prevention messages to their children. The ultimate goal of FMP is to reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. Families Matter! is delivered over five consecutive sessions where each lasts for three hours. Each session builds upon the foundation laid in the previous session. Activities will be implemented in accordance with the NDOH

These activities support the PEPFAR 2-7-10 goals and the USG five-year strategy by ensuring close collaboration with the NDOH in the area of AB and youth HIV related activities. This support strengthens NGO and FBO activities and contributes to seven million new infections averted.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7966

Related Activity: 14057, 14068, 14069, 14063, 14071, 14059, 14060, 14061, 14062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22846	7966.22846.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$1,071,296
7966	7966.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$620,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	900	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3462.08

Mechanism: DoE

Prime Partner: National Department of Education

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4784.08

Planned Funds: $1,746,000

Activity System ID: 14041

Activity Narrative: SUMMARY:

Abstinence and be faithful (AB) activities will target students at different levels of the education system. Activities will support the Department of Education (DOE), in the prevention of HIV in schools, colleges and universities. The focus of this activity will be on training, care and support for students, and promote positive healthy behavior. Primary areas of emphasis are training students as peer educators to develop skills to practice healthy behaviors, training to reduce gender based violence, and skills training to develop the capacity of students and teachers. Abstinence and be faithful (AB) activities will be integrated with other prevention activities in support of the DOE. The target populations are students aged 14–19 in schools; college students aged 18–25; university students aged 18–25; and teachers aged 20 plus enrolled for training at university.

BACKGROUND:

DOE's Health Promotion Directorate develops policies and provides inputs to legislative frameworks to address health and HIV and AIDS issues across the education system, in collaboration with other government departments. The nine provincial education departments are responsible for implementing programs in schools and colleges. Life skills programs offering age-appropriate AB messages are part of the school curriculum. The PEPFAR-funded peer education program complements these efforts. DOE is harmonizing the PEPFAR-supported peer education program with life skills activities to provide training on HIV prevention, gender based violence, sexual harassment and to fight abuse. Current DOE PEPFAR-supported activities are in KwaZulu-Natal, Free State, Mpumalanga and North West schools.

Colleges offer vocational education and training programs to improve skills. The DOE revamped college courses to ensure that they respond to the country skills' needs, and are accessible to students in all areas. PEPFAR funds will support AB and other prevention activities while economic growth funds will support wraparound workforce training in health and science related fields.

Universities have identified HIV and AIDS as a key challenge and they are supporting targeted peer education programs focusing on AB prevention messages. With respect to HIV, universities are involved in research, teacher training, support to feeder schools and integration of HIV into the curricula. PEPFAR and education funds will support wraparound activities at the Universities of Zululand and the Western Cape to strengthen AB programs started through previous USAID support.

ACTIVITY 1: Expansion of Peer Education Program:

This PEPFAR activity will expand the current AB program to an additional 250 schools in the four focus provinces of KwaZulu-Natal, Free State, Mpumalanga and North West. Funds will strengthen the focus in new schools in target districts, and develop training programs to address HIV prevention. Activities will encourage self-worth, the importance of HIV counseling and testing, reduction of stigma and discrimination, responsible sexual behavior, and knowledge about HIV prevention. Programs will target 36,000 students in the four districts. Complementary education resources will provide technical assistance to the DOE to support program management and build host country capacity. Implementation will be through a local NGO.

ACTIVITY 2: Support at the University of Western Cape (UWC):

Support to UWC will extend programs to the Western Cape province and target first year and post graduate students, trainee teachers and students in feeder high schools. Activities will focus on AB messages and will be integrated with more comprehensive prevention messaging. Activities will address gender by targeting male students and teachers and challenging traditional male norms and behaviors that contribute to the continued spread of the HIV epidemic. Interventions for first year students will encourage attitude and behavior change as they enter university. Fifty peer educators will encourage 700 first year students to participate in HIV and AIDS prevention programs as part of their work study programs. Peer educators receive a stipend, and gain facilitation and training skills. Training will be on AB messages and activities will be organized through student leadership structures, academic, sporting, and house committees at residences.

UWC will also work with 1000 high school students from feeder schools located in the Cape Flats communities which are affected by high levels of gang violence, drug, substance and alcohol abuse. Trained UWC peer educators will work with high school students to address sexuality issues, and HIV prevention. Peer educators will provide training to high school students through motivational talks and small focus group discussions.

Other activities to be supported with education resources will target 100 teachers in the same feeder schools through teacher training programs to build capacity in HIV education. The UWC HIV and AIDS unit will adapt teacher training modules used in Southern Africa for accreditation as UWC short-term courses. Teachers will be trained in life skills courses, enabling them to teach AB programs in schools to address HIV prevention, sexuality, gender, and abuse issues.

ACTIVITY 3: Support at the University of Zululand (UniZul):

UniZul operates multiple programs to fight HIV and AIDS. Support will focus on AB activities and will be integrated with other prevention activities targeting students. Activities will strengthen student peer education programs and address gender-based violence (GBV), particularly related to rape by empowering young girls with negotiation skills to delay sexual activities. Activities will promote awareness of women's legal rights and provide guidance on how to access GBV and legal services. UniZul will collaborate with DramAIDE to stage communication campaigns through drama, art, and poetry, and encourage strategies to abstain from sex. UniZul will hold quarterly communication campaigns and encourage active participation from students and staff. Assistance to local schools will strengthen life skills programs. PEPFAR AB activities will target 2,500 new students, some whom have not yet initiated sexual activity and many of whom do not yet have current partner on campus.

ACTIVITY 4: Support at Vocational Training Colleges:

Activity Narrative: Support for college students will target youth over age 18 with AB activities. Training will emphasize strategies to abstain from sexual activities, delay sex until later in life and teach measures to change behavior targeting 1000 students. AB programs will be integrated with more comprehensive prevention messages. Funds will be used to train students in skills they may need to abstain and to encourage delaying sex until marriage. Young people will also be encouraged to adopt social and community norms that support delaying sex until later in life and skills to avoid cross-generational sex, transactional sex, rape and other gender-based violence.

The results of these activities will contribute to the PEPFAR 2-7-10 goal of seven million infections prevented and will directly support the USG/SA strategy in AB by improving A/B preventive behaviors among youth.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7577

Related Activity: 14045, 14042

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23009	4784.23009.09	U.S. Agency for International Development	National Department of Education	9868	3462.09	DoE	$1,695,199
7577	4784.07	U.S. Agency for International Development	National Department of Education	4471	3462.07	DoE	$1,050,000
4784	4784.06	U.S. Agency for International Development	National Department of Education	3462	3462.06	DoE	$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14045	14045.08	6692	3462.08	DoE	National Department of Education	$242,500
14042	14042.08	6692	3462.08	DoE	National Department of Education	$291,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	41,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,250	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

People Living with HIV / AIDS

Teachers

Coverage Areas

KwaZulu-Natal

Mpumalanga

North-West

Northern Cape

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	492.08	**Mechanism:**	N/A
Prime Partner:	National Department of Health, South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3034.08	**Planned Funds:**	$0
Activity System ID:	14049		

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity.

FY 2007 PEPFAR funds were allocated to the National Department of Health (NDOH) to fund community and faith-based organizations for implementing HIV prevention activities. However, these sub-agreements have been delayed for various reasons so the funds that were awarded last year will be carried over and no new FY 2008 funds are requested.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7380

Related Activity: 14050, 14051, 14052, 14053, 14054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7380	3034.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$400,000
3034	3034.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2679	492.06		$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14050	7961.08	9626	9626.08		Walter Sisulu University	$679,000
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
14053	3038.08	6695	492.08		National Department of Health, South Africa	$0
14054	3039.08	6695	492.08		National Department of Health, South Africa	$0

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Indirect Targets

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4749.08
Mechanism: N/A
Prime Partner: Ingwavuma Orphan Care
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 13987.08
Planned Funds: $125,000
Activity System ID: 13987

Activity Narrative: SUMMARY:

Ingwavuma Orphan Care will continue to strengthen and, in some cases, formalize new prevention work, training its staff and volunteers to effectively advocate for and promote prevention, abstinence and faithfulness among all its beneficiaries. The emphasis areas include gender and human capacity building. The church congregations and families of clients in our programs for home-based care will be the entry point to access the target populations which are adolescents, adults, religious leaders and orphans and vulnerable children.

BACKGROUND:

This project is part of the work of two organizations, Ingwavuma Orphan Care (IOC) and their partner Lulisandla Kumntwana (LK), which began their work in 2000 and 2002, respectively. The organizations work in adjacent districts in Northern KwaZulu-Natal, covering an area of around 4,000 square kilometers between them. The organizations have been networking with each other since 2002 and benefit from this partnership through sharing ideas, information and resources, and occasionally loaning each other staff with particular expertise. Both organizations were new to PEPFAR in FY 2007, and are registered as welfare organizations with the South African Department of Social Development (DOSD). IOC and LK work closely with the Department of Health, which refers orphans and vulnerable children (OVC) to LK and helps facilitate psychosocial workshops that train boys and girls in life skills, gender issues, and sexual education. LK also has an Memorandum of Understanding with the local Department of Welfare to ensure that there is no duplication of services and to facilitate sharing of information, skills, and resources. These projects address gender by reducing the burden on girls and women of caring for OVC and reducing the need for teenage girls and young women to use sex to get food. The youth clubs and psychosocial workshops described below provide a forum for young people to discuss gender issues and for young girls to boost self -esteem and build self-confidence. These youth clubs will be actively involved with prevention messaging and counseling as well as all the other programs of IOC and LK. Prevention has always been a part of the activities of IOC and LK and the need has been identified to further ensure its quality and scope through direct project management, support and monitoring; and also through new specific prevention programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Behavior Change Outreach

Family Support Teams, comprised of volunteers recruited from local churches, provide intensive care to OVC living in their immediate vicinity. The teams are supervised by Orphan Care Coordinators and both conduct regular home visits to OVC. Home-based carers visit the homes of people living with HIV and nurses, chaplains, youth pastors, social workers, and paralegals, facilitators of youth clubs and support groups for HIV-infected people all have a strong opportunity to educate on behavior change which includes encouraging youth aged 10-14 to abstain or delay sexual debut whenever they visit. For older youth aged 15-24, secondary abstinence is encouraged while information on correct and consistent condom use is provided for youth at risk and those who are sexually active. Education and counseling is done with both HIV negative and positive people, through support groups for HIVinfected people and counseling home-based care patients. IOC and LK will ensure all staff and volunteers are trained to do this effectively through their normal process of line-management supervision and will document and monitor the interventions using an innovative intervention monitoring database, described below.

ACTIVITY 2: Mobilizing Pastors to Counsel for HIV prevention:

In FY 2007 Ingwavuma Orphan Care meticulously built up relationships with many of the 800 pastors in the area, and a group of pastors, of all denominations, requested that Ingwavuma Orphan Care provide them with training on HIV and AIDS and prevention. IOC leadership training for pastors will be conducted in FY 2007/8, using Zulu source material from Dr. John C. Maxwell. Training will be conducted over 5 months in 20 sessions and will be followed up by the training of pastors to give prevention messages to their congregations along traditionally faith-based lines, including fidelity and mutual monogamy. This messaging will encourage reduction of the number of sexual partners and discouraging cross generational and multiple concurrent partnerships. Pastors, as trusted members of the community, will also conduct abstinence workshops for youth. The pastors have built a good relationship with the community members. They will first participate in HIV awareness workshops and then prevention and abstinence workshops. Pastors will then in turn conduct these workshops; targeting youth aged 10-14 before they initiate sexual activity. The workshops will be held at churches, and will include health presentations from the IOC nurse. Using FY 2008 funding, this activity will be scaled up significantly beyond the scope of the small pilot project that was implemented in FY 2007.

ACTIVITY 3: Family Counseling:

Ingwavuma Orphan Care holds workshops for couples once a month for a period of six months, rotating around the different IOC areas, to strengthen marriages and families. A program of oral and video presentations is given by locally-respected men and pastors, followed up by individual family counseling initially with the parents and then with the whole family. Counselors will receive additional training in marriage counseling and counseling in general by an external training provider. The training includes a series on "How to Have a Successful Marriage" and opportunities will be sought to reach mobile populations, specifically when husbands are home from the mines. Because its ethos is like a traditional community meeting profile, with respected elders sharing the secrets of having strong marriages and individual counseling to individual circumstances, this program has been highly popular since May 2007. Using FY 2008 funding, IOC will expand the couple’s workshops throughout the municipal district, reaching larger numbers of people with a very high quality and personalized intervention. The workshops and counseling promote reduction of number of sexual partners and HIV testing with referrals to IOC's testing program. The expected behavioral changes are strong and monogamous marriages; giving children the family security they need to be successful and abstinent. The workshops specifically address male norms and behaviors and address discrimination, abuse and coercion amongst women and girl children.

ACTIVITY 4: Training of Staff and Volunteers:

Activity Narrative: An inter-disciplinary team of nurses, social workers, chaplains, and orphan care coordinators, as well as a consultant with proven motivational skills will train Family Support Teams. Training of IOC staff to provide prevention messages will occur every month at one of the three staff team days. Training for pastors, including prevention messages for AB and methods of disseminating this information to the community will occur once per month over three months.

ACTIVITY 5: Monitoring and Evaluation:

IOC's sophisticated M&E system operates on a MySQL/ PHP/ Javascript platform covering both home-based care and orphan care beneficiaries and field workers. Every contact with a beneficiary by a field worker and every intervention are recorded by timesheet. Each intervention is categorized according to the PEPFAR SASI indicators so that reporting is extremely simple. A Data Quality Officer audits the data and verifies the interventions with home-visits on a rolling three-month audit program. The Quality Improvement Manager and staff undertake regular client satisfaction interviews on visits to the clients' homes after three or four months subsequent to the intervention and establish what IOC staff and volunteers have done in practice and whether the client feels their behavior has changed.

This activity will enable IOC to reach hundreds of youth and adults with the abstinence and faithfulness messages. This activity will contribute to the PEPFAR 2-7-10 goals of averting seven million infections by helping adults and youth reduce risky sexual behaviors.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13983, 13984, 13988

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13983	8244.08	6676	4749.08		Ingwavuma Orphan Care	$300,000
13984	8245.08	6676	4749.08		Ingwavuma Orphan Care	$600,000
13988	13988.08	6676	4749.08		Ingwavuma Orphan Care	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2810.08

Mechanism: CARE UGM

Prime Partner: Leonie Selvan

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 13986.08

Planned Funds: $350,000

Activity System ID: 13986

Activity Narrative: SUMMARY:

At the request of the National Department of Health (NDOH) and CDC, Leonie Selvan Communications (LSC) will use PEPFAR funding to review the existing Youth Friendly Training Manual for Nurse Youth Health Providers, as well as other material pertaining to this target group. The material will be updated and reworked to ensure that it is user friendly and accessible. Prior to revising the material, focus groups will be held with nurse youth health providers to determine their perceptions of the existing material and to identify any specific needs or areas of improvement, if necessary. The updated manual will be piloted at provincial level before being finalized. Train the trainer forums will be held at the launch of the new Youth Friendly Training Manual for Nurse Youth Health Providers so that facilitators are familiar and comfortable working with the revised manual. In addition, Leonie Selvan Communication will work with the NDOH to develop a tool kit for school-based peer educators. The emphasis area for this activity is in-service training as health workers and peer educators on youth friendly services and building capacity of local organizations. This will be done by providing tool kits to school-based peer educators from different non-government organizations to ensure the delivery of quality peer education messages. Target populations for this activity are adolescents aged 10-24 and adults which includes all health care workers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Review and Consolidation of Existing Materials

There are currently a number of different curricula being used by the NDOH to train nurses and other health care workers on the specific needs of youth in the context of HIV and AIDS. In addition, there is a number of different curricula that focus on the establishment and implementation of youth-friendly services. At the request of the NDOH, Leonie Selvan Communications will review the curriculum and make recommendations for a single curriculum that encompasses aspects from the multiple sources. The new materials will focus on ensuring that all youth between the ages of 10- 18 receive HIV prevention messages when they visit health services. The primary focus of this activity is abstinence. However, for youth that are already sexually active the focus will be on the B component of the AB program and will be linked with other prevention activities of the NDOH to ensure the provision of condoms and clear and consistent messaging around condom usage.

ACTIVITY 2: Focus Groups with Youth Nurses

In order to ensure that the specific needs of youth are addressed and incorporated into the curriculum and materials to be developed, Leonie Selvan Communications will conduct nine focus group discussions with nurses from youth friendly clinics. All nine provinces will be represented in the focus groups to ensure that provincial youth issues can also be address in the materials and curriculum. The results of the focus group will be presented to the NDOH youth directorate with the curriculum review outlined in activity Both activity one and activity two will culminate in the development of a youth friendly training manual for nurse providers. The national youth program will ensure that all youth nurse providers are trained in the curriculum ensuring the provision of youth friendly service delivery in the context of HIV.
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ACTIVITY 3: Materials for Peer Educators

At the request of the National Department of Health and CDC, Leonie Selvan Communications (LSC) will use PEPFAR funding to identify, source and develop a range of suitable promotional material for peer educators. This material will include bags to carry their manuals and hand-outs when they visit schools. Marketing material in the form of leaflets, posters and brochures will be designed and developed to assist peer educators market the peer education program. In addition, a Resource Pack/tool kit will be developed to ensure that they have all the necessary materials, handouts and resources to conduct quality peer education workshops. Prior to developing material focus groups will be held with a cross-section of peer educators to identify what marketing and training material works best for them. New material will be designed/ developed based on the outcomes of the focus groups.

This activity contributes to the PEPFAR 2-7-10 goals by ensuring access to youth friendly services in the context of HIV and AIDS. In addition, this project will assist in ensuring the sustainability of the national peer educator program by providing the peer educators with a standard set of resources to conduct quality peer education activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13985

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13985	3338.08	6677	2810.08	CARE UGM	Leonie Selvan	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4753.08	**Mechanism:**	N/A
Prime Partner:	LifeLine North West - Rustenburg Centre	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8271.08	**Planned Funds:**	$200,000
Activity System ID:	13989		

Activity Narrative: SUMMARY:

The PEPFAR-funded Abstinence and Being Faithful activity described in this FY 2008 COP harnesses the activities and work of other ongoing projects, namely, the Community Counselor Project, especially with respect to community mobilization and outreach. It also benefits from contributions from other donors such as Anglo Platinum Mines, which has committed to three-years of cost-sharing. In particular, Anglo Platinum Mines are funding a vehicle to be used in the mining areas and covering traveling costs and stipends for a nurse and driver. Relationships formed with local government and municipal departments will assist to ensure the continuity of the project. The two major components of the Abstinence and Being Faithful (AB) program area include community outreach and mobilization around the designated hot spots and throughout Bojanala District and the LifeLine centre in Rustenburg.

The AB messages and HIV prevention activities address gender issues and gender dynamics directly, encouraging target populations to examine gender roles in society. Emphasis areas include gender addressing male norms and behaviors, and reducing violence and coercion as well as human capacity development. Target populations include boys and girls (aged 10-14); adolescents; and adult men and women, especially of reproductive age. In a generalized epidemic such as the one in South Africa, the project targets the general population; thus the project will also reach groups such as persons who engage in transactional sex, but who do not identify as persons in sex work, discordant couples, people living with HIV, and orphans and vulnerable children.

BACKGROUND:

LifeLine Rustenburg is a non-governmental, non-profit, community-based organization affiliated to LifeLine Southern Africa which in turn is affiliated to LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. Operational since 1991, LifeLine focuses on counseling and crisis intervention services; provision of life skills training; capacity building for community-based organizations; voluntary counseling and testing (VCT) and HIV prevention activities. To date LifeLine has implemented a community counselor project (CCP) that provided counselors to 150 health facilities in Bojanala; established a non-medical VCT site; provided 24-hour counseling service via a national counseling line; and provided training to numerous other organizations. FY 2008 plans for the project include placing counselors at all health facilities in the Bojanala District; supplying mobile VCT; conducting referrals for care to HIV persons; and promoting HIV prevention throughout the Bojanala District of the North West Province.

The South African Government, specifically the Bojanala District Department of Health in the North West province, supports and contributes to a sustained and broad-based community mobilization and outreach effort in public health facilities, schools, other government outlets, and through media. Informal partners include local businesses, Radio Mafisa, local taxi associations, mining corporations and others, who provide support for our community mobilization and outreach efforts. In particular, Mafisa Radio Station provides an hour timeslot weekly for Lifeline to discuss and debate on topics related to HIV and AIDS education. The local taxi associations agreed, in FY 2006, to paste Lifeline stickers on their vehicles and to participate in prevention campaigns.

Many prevention modules require male and female participants to be separated in order to delve into specific issues. This is the approach LifeLine will continue to use during education and training sessions in the FY 2008 period. The program activities also emphasize changing male norms and behaviors, promoting one-partner relationships and altering the norm of violence against women in society. A hot spot is defined as an area that has a high rate of traffic of vulnerable persons; for example, taxi ranks and the mining hostels. The LifeLine hot spots are currently located in the Bojanala region, with one hot spot identified in each sub-district. In COP FY 2007, PEPFAR enabled LifeLine to work in eight such hot spots, with the target for COP FY 2008 being 12 hot spots.

ACTIVITIES AND EXPECTED RESULTS:

Four activities will be covered in this program area. For youth, particular emphasis is placed on abstinence and delayed sexual debut based activities. Contact is made during school hours with education sessions and at the end of the school day when leaving the premises. After school activities (i.e. sports, youth and church clubs, etc.) are utilized especially to reach the out-of-school youth. Men and women, especially of reproductive age, are initially reached at the hot spots, and thereafter encouraged to join more intensive education sessions. They are also contacted at evening and weekend activities such as men's and/or women's clubs/groups, church groups, "stokvel" meetings, etc. In a generalized epidemic such as the one in South Africa, the project targets the general population. This will also include encouraging sexually active youth to consider secondary abstinence. Messages for the older youth and adult population will focus mostly on reduction of number of sexual partners and will discourage multiple and concurrent sexual relationships as well as cross-generational sex. LifeLine will also work with the traditional leaders and community to transform male norms and behaviors in order to reduce violence and sexual coercion, which is rife in the community.

ACTIVITY 1: Community Mobilization

The community mobilization and outreach efforts seek to ensure that the general public receives the necessary information targeted towards behavior change. Eight community outreach volunteers and four trainers will conduct the HIV prevention activities in areas surrounding the hot spots, which are visited bi-monthly. Education is provided in plenary sessions, as well as focus group education and discussion. Education topics highlight behavior change; attitudes; cultural, legal, gender, alcohol and substance in young people as a risk factor, and other issues; multiple partners; same sex partners; and cross-generational sexual partners. The pros and cons of abstinence, benefits of later sexual debut, and one partner relationships will be highlighted to people who are not yet sexually active. For persons already sexually active emphasis will be on faithfulness, one partner relationships and secondary abstinence where relevant. All prevention activities are target and language group sensitive i.e. each target group receives relevant information and education specific to the age, culture or other dynamic of the group. Some of the LifeLine activities are conducted at the lifeline offices while others take place within the communities.

Activity Narrative: ACTIVITY 2. Capacity Building

Human capacity development requires ongoing trainings throughout the project for the community outreach volunteers in order to ensure their motivation, competency and proficiency in carrying out the activities. Peace Corps volunteers help with training where required. Bi-annual training as an incentive that ensures retention of staff in the service. Training is conducted on monthly basis as an in-service kind of training. Workshops of five-days duration aimed at behavior change will be conducted for community members. These are presented three times per annum per hot spot. Workshops will be held one day a week over a five week period, with the same participants in groups of 10-20 persons. An evaluation session will be held three months after completion of each workshop to measure behavior change. A variety of techniques and participatory methodologies are used. Topics cover basic life skills, behavior patterns, sexuality, reproductive health, morals and values, choices, consequences and responsibilities, substance abuse, multiple, concurrent, same sex and cross generation partners, and HIV topics. These activities strive to influence behavior change in the form of increased abstinence and delayed sexual debut, commitment to one partner at one time, and general social norm transformation related to gender issues. The workshops are facilitated by LifeLine trainers.

These activities will contribute to PEPFAR 2-7-10 goals of averting HIV infections through promoting Abstinence and Be Faithful prevention activities among the general population and youth.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8271

Related Activity: 13990, 13991, 13992, 13717, 16087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23093	8271.23093.09	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	9897	4753.09		$174,763
8271	8271.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	$108,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
13990	8252.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$100,000
13991	8253.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
13992	8255.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,320	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,080	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	8	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2802.08

Mechanism: Track 1

Prime Partner: Hope Worldwide South Africa

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3300.08

Planned Funds: $950,000

Activity System ID: 13966

Activity Narrative: SUMMARY:

HOPE worldwide South Africa (HWSA) will continue to support the expansion of a comprehensive HIV prevention program through a skills-based, gender-focused program for young boys and men, and the promotion of abstinence and being faithful (AB) messages for young people in four provinces, namely Western Cape (WC), Eastern Cape (EC), Gauteng (GP), and KwaZulu-Natal (KZN). This activity targets primary and secondary school children and youth (both in- and out-of-school), adults, teachers and religious and community leaders, community-based, faith-based and non-governmental organizations. The emphasis areas for the project are gender and human capacity development, which includes training. The target population is adolescents, teachers, religious leaders and adults as well as orphans and vulnerable children.

BACKGROUND:

The activities described below are part of an ongoing HIV prevention program of HWSA, funded by PEPFAR since FY 2006. Using FY 2008 funding, HWSA will promote and strengthen its AB prevention program, implement a gender-sensitizing component carried out by HWSA's Men as Partners (MAP) program, and work with parents, caregivers and guardians to promote consistent, positive and proactive parenting and a constructive family environment.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Promote AB Behaviors

HWSA will continue its programs in GP, KZN, WC, and EC provinces to promote and strengthen AB prevention messages within its community outreach efforts that include faith-based communities. HWSA will expand to new areas within the current sites, and in particular to peri-urban and rural areas in KZN in response to the geographic development of the HIV pandemic in South Africa. HWSA will establish an abstinence-based program in four provinces, for youth 10 - 14 years who have not initiated sexual activity. HWSA will use PEPFAR funding to support a program that prioritizes abstinence activities, HIV prevention information, workshops and learning materials required for the HIV prevention intervention. HWSA will also target the 15-24 year old age group and will establish an AB approach for this target population. This will focus on reducing the number of sexual partners, mutual faithfulness with an uninfected partner and the importance of correct and consistent condom use. HWSA's AB program, for all age groups, follows a standard peer educator model of training small groups of change agents to influence their immediate and broader communities. HWSA's AB program for youth aged 10-14 provides age-appropriate messages that promote the importance of abstinence in reducing HIV transmission and encourages delay in sexual debut. This program educates children/youth on the basic facts about HIV prevention and AIDS, the skills for practicing abstinence, stigma and discrimination and avoiding and reporting violence and abuse. The HWSA program involves five contact sessions spread over 10-12 hours. HWSA's AB program for older youth aged 15 -24 consists of sessions that are age and culturally appropriate with sessions on the benefits of abstinence in reducing HIV transmission. Where appropriate focus is on secondary abstinence, personal self-esteem, healthy relationships, the delay of sexual activity until marriage, the importance of reducing the number of casual sex partners, mutual faithfulness to an uninfected partner, the importance of HIV counseling and testing and full information on the correct and consistent use of condoms is encouraged as a way to reduce the risk of HIV for those youth who are already sexually active. The program involves ten contact sessions spread over 14-20 hours. The program is interactive and fun, and sessions mix limited teaching by HWSA facilitators with youth-led group discussions, role plays and debates. Relevant games are used. The program includes a component that targets out-of-school youth through youth clubs, community-based organizations and sports groups. HWSA will continue to work closely with the national and provincial health departments. The activity will build on FY 2006's success of reaching 57,000 individuals with A and AB messages through 100 FBOs and 50 schools.

ACTIVITY 2: Men as Partners (MAP)

A follow-up activity to Activity 1 will be a gender-sensitizing component carried out by HWSA's MAP program. This activity will address both the prevention needs of girls and young women and the promotion of positive gender-sensitive attitudes, practices and behavior for young boys and youth. Alcohol and substance abuse information will be integrated into the curriculum to reduce the risk behavior. The MAP program will be modified to be age-appropriate and will attempt to change social norms related to male socialization, coercive sex, cross-generational sex, and/or transactional sex. This activity will create community commitment and involvement in reduction of violence against women and children, support HIV counseling and testing, peer education and community interventions with messages to challenge norms about masculinity, early sexual activity and multiple sexual partners for boys and men, cross generational and transactional sex. This program will promote the benefits of abstinence in reducing HIV transmission, encourage the delay of sexual debut until marriage for the 10 -14 age groups and for the older youth MAP will also encourage the reduction in number of casual sexual partnerships, mutual faithfulness to an uninfected partner and will stress the importance of HIV counseling and testing and provide full information on the correct and consistent use of condoms to reduce the risk of HIV for those who engage in risky sexual behavior.

ACTIVITY 3: Parent Empowerment

This activity will work with parents, caregivers and guardians to promote consistent, positive and proactive parenting and a constructive family environment. This activity will build on research that shows that strong family bonds have a major influence on children's achievements in school and through life and also that youth report a preference of having parents/guardians educate them about sexuality and related issues. The program will empower and capacitate parents with skills to interact with children and youth about abstinence, sexuality, HIV prevention messages and create an enabling environment for AB messages. There is research evidence that good relationships between parents and teens and adequate supervision of teens reduce risky behavior among youth. HWSA will partner with the Parenting Centre and faith-based networks (e.g. South African Council of Churches, African Federation of Churches and the International Churches of Christ) to develop and implement this program. The program will include sessions on personal growth; enhance self-awareness, personal values, parenting skills, building children's self-esteem, discipline

Activity Narrative: and problem-solving. The activity will be linked to the HWSA OVC program which will focus on empowering parents and guardians in vulnerable households and working with granny-headed households.

These HWSA activities will contribute to the PEPFAR goal of averting seven million infections, and support the USG Five-Year Strategy for South Africa by improving AB preventive behaviors among youth and adults.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7371

Related Activity: 13959, 13960, 13961, 13962, 13967, 13963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23148	3300.23148.09	U.S. Agency for International Development	Hope Worldwide South Africa	9924	2802.09	Track 1	$668,998
7371	3300.07	U.S. Agency for International Development	Hope Worldwide South Africa	4395	2802.07	Track 1	$503,425
3300	3300.06	U.S. Agency for International Development	Hope Worldwide South Africa	2802	2802.06	Track 1	$713,687

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	18,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	2988.08	**Planned Funds:**	$5,639,250
Activity System ID:	13952		

Activity Narrative: SUMMARY:
Over the next four years Johns Hopkins University/Center for Communication Programs (JHU/CCP) and its 20 South African (SA) partners will combine mass media with interpersonal community mobilization to bring about heightened awareness of risk of HIV infection among general population to address sexual partnerships and behaviors placing them at risk of HIV infection. With young people under 14, emphasis will be on abstinence ("A") and delaying sexual debut (DSD). With people over 14 main focus will be on younger girls and women aged 15–24 and men aged 25–49 and emphasis will be on faithfulness ("B"). "B" messages focus on heightening perceptions of risk to HIV infection owing to sexual partnerships and behaviors people engage in placing them at risk of HIV infection, namely: multiple and concurrent partners (MCP), intergenerational/transactional sex (ITS), casual sex, violence and coercion, linkage between alcohol and substance abuse and HIV, stigma and discrimination (SD). The target populations are youth, people living with HIV (PLHIV), religious leaders, teachers and adults which will include the public health workers, and community, faith-based and non-governmental organizations. The emphasis areas are gender, human capacity development, strategic information, work place programs and wrap around programs such as family planning and TB.

BACKGROUND:
JHU/CCP AB prevention initiatives are in their fifth year. Over the next four years all partners will prioritize interventions to focus on men aged 25–49 and young girls and women aged 15–24, while addressing social norms and values among youth below age 15. Interventions will impact on key drivers of the epidemic and perception of risk in relation to sexual partnerships and behaviors including MCP, ITS and incorrect and inconsistent condom use. Interventions are informed by qualitative research intervention undertaken by JHU/CCP and its partner CADRE. The study found high-risk behaviors driving epidemic are determined by social norms and values that include male attitudes and behaviors, alcohol and substance abuse; population mobility and gender dynamics including gender-based violence (GBV). In hyper-endemic situations where HIV prevalence exceeds 15% there is need to engage people to heighten perception of risk while providing them with tools to enable them to manage risk of HIV infection by taking necessary actions to address risk behaviors. JHU/CCP uses a social-ecology approach to communication that combines power of interpersonal communication with mass media to engage and mobilize individuals around sexual behavior and risk perception to HIV infection and influence social networks, communities and societies to create enabling environment that allows them to reduce risk of HIV infection. Each activity is designed to contribute towards change in social norms, create social networks that support individual change, build skills, and improve decision making leading to safer sexual behavior.

ACTVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Young People 12–14
The Valley Trust (TVT) and Lighthouse Foundation (LF) will work with youth under 14 in primary and secondary schools to encourage DSD and provide them with life skills to help reduce their risk to HIV infection.

ACTIVITY 2: Mobilizing In- and Out-of-School Youth 15-24
Dance4Life (D4L), DramAIDE, TVT, Lesedi Lechabile (LL), LF and Community Health Media Trust (CHMT) will work with youth in secondary schools using variety of approaches to train peer educators who will establish HIV prevention, care and support clubs to act as entree to in-school youth. Among youth under 14, the primary focus will be on DSD. Among youth over 14, the focus will be on messages relating to MCP, ITS; correct and consistent condom use, male norms and behaviors, substance and alcohol abuse, gender-based violence (GBV), risk perception and SD.

TVT, LF and LL will undertake interpersonal discussions, workshops and community events with out-of-school youth to heighten perceptions of risk in relation to sexual partnerships and behaviors.

DramAidE's Health Promoters work in 23 tertiary institutions and use group meetings, individual consultations, dorm visits, classroom instruction and community events to increase perceptions of risk in relation to MCP, ITS, GBV, condom negotiation skills, STIs, male norms and behaviors, SD, sexual and reproductive health (SRH) and risks of substance and alcohol abuse.

ACTIVITY 3: Mobilizing Adult Men and Women 15-49
Sonke Gender Justice (SGJ) supports partners to integrate Men as Partners approach to mobilize men on responsible male behavior, substance and alcohol abuse and reduction of GBV. SGJ, LF, LL and TVT will expand the number of men's clubs and health services to mobilize men, communities and traditional structures around MCP, responsible male behavior, substance and alcohol abuse and reduction of GBV.

TVT, LF and Matchboxology (MB) will mobilize adult men and women using door-to-door campaigns, taverns and taxi ranks, around MCP, ITS, male norms and behaviors, SD, and risks of substance and alcohol abuse.

LifeLine SA and TVT will support workplace interventions and train PEs within small and medium enterprises and on farms. MB will work with professional footballers and fan clubs. All workplace based interventions will increase perceptions of risk in relation to MCP and ITS, GBV, SD, male norms and behaviors and alcohol consumption and sexual behavior.

TVT and LF will engage with traditional leaders and healers to mobilize them to address cultural dimensions of MCP, GBV, SD, male norms and behaviors and alcohol consumption.

TVT, LifeLine SA and LF will work with FBOs through activities to promote partner limitation, GBV and SRH. Religious leaders will be trained and provided with appropriate communication materials to guide them.

Mindset Health Channel (MHC) has a Healthcare Worker Channel (HCWs) and a Patient Channel in more than 400 public clinics. The HCW Channel trains health workers and its public health channel sensitizes audiences on partner reduction, GBV, substance and alcohol abuse.

CHMT, will increase number of Treatment Literacy and Prevention Practitioners to 92 (72 funded by PEPFAR and 20 by National Department of Health (NDOH) and facilitate discussion among patients in

Activity Narrative: general waiting rooms in MHC on topics relating to correct and consistent condom use, GBV, substance and alcohol abuse, STIs and SRH. LF, TVT and Mothusimpilo will work with CHMT and MHC to facilitate dialogues in clinics surrounding their areas.

LL and Mothusimpilo use PE and HCW in mining districts of North West and Free State to reach young women at risk, including sex workers, through clinics, schools and community events to heighten risk perceptions on sexual partnerships and behaviors that place them at risk of HIV infection including MCP, ITS, GBV, SD, male norms and behaviors and risks of alcohol and substance abuse. Their programs are linked to local mining companies who generally focus on male employees.

Department of Correctional Services (DCS) will expand their correctional facilities program from Limpopo and North West to include Gauteng and Northern Cape. DCS uses TshaTsha TV drama series to train PEs to heighten awareness of risks pertaining to sexual partnerships and behaviors that place them at risk of HIV infection.

ACTIVITY 4: Mass Media Support for Community Mobilization
The 2006 national communications survey found that 76.7% of people had at least one television (TV) in their households. 60% watch TV every day and 60% listen to radio every day. TshaTsha reached about 48% of population, while the treatment literacy program Siyanqoba – Beat It reached 27% and community radio program Mind, Body Soul reached 6% of the population. TshaTsha is used to facilitate discussions with people in schools, correctional facilities and community meetings around issues of risk of HIV infection, ITS and MCP. However 16% of population was not reached by any media interventions partly due to fragmentation of media environment in relation to audience preferences influenced by socio-economic status and language. To address this, JHU/CCP will expand mass media program to include new platforms such as cellular and internet technology and outdoor media that will complement radio and TV outreach. All platforms will heighten awareness of risk among men aged 25–49 and young girls and women aged 15–24 in relation to sexual partnerships and behaviors including MCP, ITS and male attitudes and behavior.

ABC Ulwazi will produce a community radio talk show for 60 community radio stations using local languages that are facilitated through listener associations. JHU has a public-private partnership with SA Broadcasting Corporation to fund two TV programs supported by nine regional SABC language radio programs and internet. A second season of TV drama Circles heighten perception of risk to HIV infection through highlighting sexual partnerships and behaviors that place them at risk of HIV infection including MCP and ITS. Trailblazers provide positive models.

MB in partnership with SA Professional Football Union and the Professional Soccer League will mobilize prominent SA football players to provide messages through different mass media platforms to raise awareness of risk concerning MCP, ITS, male behavior, GBV, alcohol and substance abuse, treatment of STIs, as part of build up to 2010 Football World Cup.

A TBD outdoor media partner will work with JHU to develop messages for outdoor media to heighten perceptions of risk in relation to sexual partnerships and behaviors that place people at risk of HIV infection including MCP with low and inconsistent condom use. A TBD cellular telephone partner will use short message services technology to address MCP, ITS, correct and consistent condom use, male norms and behaviors and the risks of alcohol and substance abuse.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7532

Related Activity: 13965, 13953, 13954, 13964, 13955, 13956, 13957, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23075	2988.23075.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$6,893,423
7532	2988.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$4,000,000
2988	2988.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$2,652,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars $1,441,500

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,500,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	500,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Mpumalanga

Northern Cape

North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4644.08 **Mechanism:** N/A

Prime Partner: Youth for Christ South Africa (YfC)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 7948.08

Planned Funds: $500,000

Activity System ID: 13912

Activity Narrative: SUMMARY:

Youth for Christ South Africa (YFC) will promote HIV risk reduction through abstinence and being faithful (AB) activities among youth 10 to 18 years of age. The activities will take place in at least 250 schools in five provinces, namely Eastern Cape, Gauteng, Mpumalanga, North West and the Western Cape. The organization will recruit and train young adults to work in the programs as youth workers and peer group trainers. The emphasis area for this program will be gender and human capacity building and training. The target population will include children and youth, adult, teachers and religious leaders.

BACKGROUND:

YFC is a youth development organization that directly addresses problems and needs of youth. YFC South Africa has established several training centers and local offices in five provinces of South Africa. YFC runs a number of programs aimed at preparing youth for the future. YFC has been funded by the National Department of Health (NDOH) since 1995 and received PEPFAR funds through the CDC cooperative agreement with the NDOH starting in 2005. As of FY 2007, YFC will become PEPFAR prime partner and will no longer receive PEPFAR funds through the CDC cooperative agreement with the NDOH.

ACTIVITIES AND EXPECTED RESULTS:

Many YFC activities promote behavior change through promotion of AB messages and activities. YFC will continue to empower young women through counseling and education, in an effort to improve general life and sexual decision-making skills. The abstinence-focused messages are geared towards children ages 10-14 in primary schools; messages to high school students ages 14-19, out-of-school youth and young adults focus on abstinence, delayed sexual debut and faithfulness. Full information on correct and consistent condom use is provided and referral to relevant service sites, but the focus is more geared towards AB messages. This is consistent with the PEPFAR ABC guidance.

ACTIVITY 1: Peer Education in Schools

Building on activities of FY 2007, YFC will continue to train a network of unemployed young adult volunteers from faith-based organizations to provide peer education in the form of training, support and referral services for students. YFC has developed effective models of working with, and empowering, youth who will be trained to share AB information and correct decision-making skills with their peers. YFC will work with the provincial Department of Education (DOE) to identify appropriate schools in which to implement these activities. YFC will also collaborate with school principals and the local communities. The young volunteers will be placed in schools to serve as coaches and mentors for peer groups, and these volunteers will encourage students to form support groups and clubs both in- and out-of-school. The volunteers will also be trained to run informative workshops and community events in their schools on a host of issues relating to HIV and AIDS, peer pressure, self-esteem, and goal setting.

ACTIVITY 2: Life Skills Training

Young volunteers will be trained to conduct life skills sessions at schools and in camps to educate youth on making informed decisions about life and sexuality. YFC will use the Rutanang curriculum, which has been endorsed by NDOH. Rutanang's peer education model highlights the importance of delaying first sex secondary abstinence and consistent and correct use of condoms, as well as respect for others. YFC has developed holistic prevention programs that incorporate key players from all levels of a community to bring about a positive school environment. It is the responsibility of each local office of YFC to maintain and sustain the work that they initiate in their localities. YFC will use drama, music and dance to effectively communicate the life skills and AB messages. Topics to be covered will include male norms and behaviors as well as gender roles and equity to discourage discrimination, violence, coercion and abuse against women and girl children YFC will also work with the DOE to implement this activity.

ACTIVITY 3: Creative Educational Teams

YFC will set up and use edutainment for support of the prevention program for both in- and out-of-school youth. This will be done by using drama, dance and discussion groups to educate youth on HIV and AIDS, and to promote AB life styles. YFC will recruit, train and deploy five itinerant teams to work and support work done in schools and communities to educate youth on these issues. YFC itinerant teams will present HIV and AIDS productions in high schools, youth centers, churches and prisons. These teams will spend three to five days in each school, giving assembly and classroom presentations, and creating informal discussion times. YFC will work in partnership with the NDOH and the DOE to reach the target audience. The provision of community programs will help to de-stigmatize HIV and AIDS in communities. YFC aims to have teams set up in each region.

ACTIVITY 4: Capacity Building

During FY 2007 YFC has established and is implementing an Internship Program. This program targets unemployed youth volunteers, active in faith-based organizations, and placed them in the various YFC offices. The purpose of the year-long internship is to provide the interns with on-the-job training in a program or project linked to the organization. Examples of activities that interns participated in include: life skills programs; leadership training; training camps; HIV and AIDS workshops. The Internship Program is based on the great emphasis on training and capacity development of the YFC management. Using FY 2008 funding, YFC South Africa intends to increase the number of Interns and Youth Workers placed in schools.

ACTIVITY 5: Gender-Based Camps

Using FY 2008 funding a new activity that will be implemented is that of gender-based youth camps that aim at tackling issues of gender stereotyping. YFC will run camps for boys and for girls. The purpose of the camp will be to create a space for youth to dialogue about sexuality, gender, and gender stereotypes in the context of HIV and AIDS.

Activity Narrative: ACTIVITY 6: Parent/Child School-based Seminars

In addition to the activities listed above, YFC understands that it is important to focus on building relationships between youth and their parents. YFC will establish school run, school based seminars to facilitate dialogue and increase awareness and understanding between youth and their parents, to foster good relationships and bridge the gap of misunderstanding created by lack of communication. Talking about sex, sexuality and boy/girl relationships continues to be taboo in many families and communities. This increases the risk factor of young people with regard to HIV and AIDS as they seek information from peers and other sources, unguided by relationship and communication with their parents, families and/or significant adults in their lives.

These activities will contribute to PEPFAR's goal of averting seven million new HIV infections. In addition, the activities support the USG Five-Year Strategy for South Africa by increasing effective faith-based activities and creating support for positive gender norms.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7948

Related Activity: 13913

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22772	7948.22772.09	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	9792	4644.09		$533,998
7948	7948.07	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	4644	4644.07	NEW APS	$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13913	7949.08	6649	4644.08		Youth for Christ South Africa (YfC)	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	850	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Gauteng

Mpumalanga

North-West

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1071.08	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3797.08	**Planned Funds:**	$290,000
Activity System ID:	13925		

Activity Narrative: SUMMARY:

Peace Corps Volunteers (PCVs) work in civil society organizations (CSOs) that focus on HIV and AIDS relief under the Community HIV/AIDS Outreach Project (CHOP) and in the education system at the primary school and district levels under the Schools and Community Resources Project (SCRP). All CHOP and SCRP PCVs will be encouraged to work with both in-school and out-of-school youth in delivering Abstinence/Be Faithful (AB) messages through life skills and peer education sessions delivered in classrooms or in association with extracurricular school activities and through community events organized by youth and adult volunteers. Activities in this program area aim to encourage positive life styles and health -seeking behaviors among youth and to help them develop positive gender norms and expectations. SCRP PCVs will specialize in training teachers and mobilizing in-school youth while CHOP PCVs will focus more on training out-of-school peer educators, community citizen volunteers, and CSO employees and mobilizing traditional, business and religious leaders in supporting community- and school-based prevention activities. CHOP and SCRP PCVs and their counterparts will be encouraged to work together in designing and delivering comprehensive HIV prevention training and outreach programs in their rural communities. Prevention training and outreach activities will be conducted in the KwaZulu-Natal, Limpopo, North West, Northern Cape and Mpumalanga provinces.

BACKGROUND:

To date, the program in South Africa has relied primarily on PEPFAR-funded PCVs assigned to the (previous) NGO Capacity Building Project. Although the FY 2007 program still utilizes PEPFAR-funded PCVs, the Schools and Community Resources Project (SCRP) and the (now) Community HIV/AIDS Outreach Project (CHOP) were significantly revised in FY 2007 so that all CHOP and SCRP PCVs and their counterparts can be involved in prevention AB activities. In FY 2008 the program will not place PEPFAR-funded PCVs and instead use PEPFAR funds to enable all PCVs to train service providers in HIV prevention and to conduct HIV prevention outreach to various youth groups.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV Prevention Training

In FY 2008, approximately 100 PCVs (key legislative issue) and 100 counterparts will receive training in HIV and AIDS prevention (key legislative issue), using the Peace Corps' Life Skills Manual (an internationally recognized best practice model) and other peer education materials. The peer education and life skills training will focus on building skills among youth in communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and building relationships.

ACTIVITY 2: Project Design and Management Training

Approximately 100 PCVs and 100 counterparts will attend Peace Corps' Project Design and Management training to develop skills in participatory development and implementation of HIV and AIDS activities with target groups. This training will take place in the context of the AB prevention training and will find application across all program areas.

ACTIVITY 3: Organizational Capacity Building Training

Approximately 60 CHOP PCVs and 60 CHOP counterparts will attend Organizational Capacity Building training to enable them to develop or strengthen policies, systems and practices that will enable CSOs to deliver quality and sustainable HIV and AIDS programs. This training will take place in the context of the AB prevention training and will find application across all program areas.

ACTIVITY 4: Grant Proposal Writing and Monitoring and Evaluation Training

Approximately 100 PCVs and 100 counterparts will attend Grant Proposal Writing and Monitoring and Evaluation training to enable them to prepare Peace Corps PEPFAR Volunteer Activity Support and Training (VAST) proposals and U.S. Embassy PEPFAR Small Grant proposals. The training will also support the development and use of appropriate monitoring, reporting and evaluation tools with their host schools and CSOs. This training will take place in the context of the AB prevention training and will find application across all program areas.

ACTIVITY 5: Delivery of Life Skills Sessions

Approximately 100 PCVs and 100 counterparts will deliver life skills sessions in schools and communities, using and developing peer educators in the process. Teachers in the schools and supportive adults and business, traditional and religious leaders in the communities also will be used to champion HIV and AIDS activities. Male behaviors and gender equity (key legislative issue), reducing violence and coercion and stigma/discrimination are directly addressed in the prevention activities. PCVs work with counterparts in the schools and communities to ensure that, on completion of their service, their initiatives continue with school and community support. 3000 individuals will be reached through community outreach that promotes HIV prevention and 120 peer educators and other service providers will be trained to promote HIV prevention.

Both CHOP and SCRP PCVs contribute to the US Mission's country emphasis on prevention by uniquely providing American citizen assistance in rural communities. Their activities are also closely aligned to the South African government strategies in each of the provinces in which PCVs work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7503

Related Activity: 13926, 13927, 13928, 14514, 14515, 14516, 13929

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7503	3797.07	Peace Corps	US Peace Corps	4445	1071.07		$53,800
3797	3797.06	Peace Corps	US Peace Corps	2712	1071.06		$53,750

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13926	3106.08	6655	1071.08		US Peace Corps	$150,000
13927	3107.08	6655	1071.08		US Peace Corps	$290,000
13928	3798.08	6655	1071.08		US Peace Corps	$20,000
13929	6367.08	6655	1071.08		US Peace Corps	$113,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	300	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

KwaZulu-Natal

Northern Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	463.08	**Mechanism:**	N/A
Prime Partner:	Fresh Ministries	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3013.08	**Planned Funds:**	$4,088,513

Activity System ID: 13754

Activity Narrative: SUMMARY:

Siyafundisa is an Anglican-based Abstinence and Be Faithful (AB) HIV prevention program that focuses on providing information and education to young people and adults within the Anglican churches. Siyafundisa has established a partnership with the Harvard School of Public Health to develop and roll out a peer education program. This program will be implemented by young people at different parishes across the country. Emphasis areas consist of building local organization capacity to deliver prevention activities; and training trainers/facilitators to reach other youth. Siyafundisa addresses gender by focusing on increasing gender equity in HIV and AIDS programs, addressing male norms and behaviors; reducing violence and coercion and stigma/discrimination; mobilizing and reaching communities; developing linkages with partners to sustain and enhance the program; as well as providing information, education and communication. Siyafundisa targets children and youth, especially orphans and vulnerable children, with AB messages through information and education. The AB prevention program is designed to develop skills that promote abstinence for youth aged 10-14, secondary abstinence for older youth aged 15 -24 and provide correct and consistent condom use for youth at risk and those in long-term sexual relationships. Adults, especially parents, are also targeted with information and education to support youth as well as information that encourages mutual monogamy, partner reduction and HIV risk perception. Special populations include community and religious organizations that can help promote AB prevention, volunteers who can implement AB activities, religious leaders who can impact individuals and families through outreach, and individuals and families who are affected by HIV, AIDS and stigma, and especially people living with HIV.

BACKGROUND:

Siyafundisa is implemented in parishes, communities, schools, and tertiary institutions through clergy networks, children, youth, and family ministries. Using FY 2006 funding, this program has been piloted in five cioceses in the Eastern Cape, Gauteng and KwaZulu-Natal. FY 2007 funding was used to roll out this program to all dioceses in South Africa. The church plays a significant role in building the capacity and training members and volunteers from women’s movements such as Mothers’ Union and Anglican Women Fellowship. In addition, community facilitators are trained to be able to provide psychosocial and material support as caregivers. A strong focus is given to the training of youth as peer educators and facilitators of life skills programs. Prevention activities target men with a core objective of changing male norms and reducing violence and coercion and young women to ensure equal access to HIV and AIDS information and related training. Men both young and old are also educated on issues of cross-generational and multiple concurrent partnerships which are the risk behaviors that fuel the epidemic.

ACTIVITIES AND EXPECTED RESULTS:

FY 2008 funding will ensure that the project can continue and expand into all 19 of the dioceses in South Africa. Initially peer education will be introduced into ten parishes each within nine dioceses and Life Skills into ten parishes in each of the remaining ten dioceses. Once this expansion is completed, then the project will introduce peer education into the remaining 10 dioceses (10 parishes each) and additional parishes within the initial nine dioceses. Complementary to and co-located with the training, the project plans to partner with a testing organization using mobile VCT services to extend testing to those being trained and others in their communities.

ACTIVITY 1: Training Clergy and Adults

Adults and clergy will be trained to facilitate workshops around the issues of HIV and AIDS through structured outreach programs. Training will be conducted for the Mothers' Union - the women's group in the church responsible for prayer and family ministries, teaching of Sunday school and mentoring youth organizations; and the Bernard Mizeki members - the men's organization in the church that plays an influential role in mentoring young people and assisting them in spiritual formation.

ACTIVITY 2: Workshops

Workshops will include parent-child communication skills training and AB prevention. Young women and girls will be empowered with knowledge and skills to protect themselves against sexual abuse and violence. Men perpetuate most of gender-related violence, so emphasis and attention will be given to men, helping them to understand the role they play in HIV prevention. Men will be encouraged to reduce the number of sexual partners and to remain faithful to their partners. Life skills programs will be presented for both boys and girls to address the challenges and pressures of growing up as well as helping youth to refrain from harmful risky behaviors.

ACTIVITY 3: Human Capacity Development

The program will also focus on the expansion of internal capacity within the Anglican Church. More staff and HIV youth workers will be recruited to form the support team in the different Anglican dioceses and archdeaconries. Diocesan coordinators will provide additional support. Training for staff and volunteers will include HIV and AIDS, peer-to-peer outreach, parental involvement and participation, male involvement, community mobilization, and gender sensitization.

ACTIVITY 4: Peer Education

The Anglican Church is utilizing Rutanang, a peer education curriculum for children and youth (age 10-14, 15 -19, 20 -24), developed by the Harvard School of Public Health. It is being piloted in three provinces (Eastern Cape, KwaZulu-Natal and Gauteng), which cover five dioceses (Port Elizabeth, Grahamstown, Zululand, Highveld and Christ the King). Through the peer education program, each parish will have one supervisor and 15 peer educators. Members of the Anglican Students' Federation will also be trained as supervisors and mentors for the parishes located close to their universities, colleges, and technical colleges. Typically, a team of three peer educators will be assigned a group of up to 20 young people to deliver six lessons, over a period of four months, from the Rutanang manual. The program will be gradually rolled out, reaching full scale covering all dioceses and provinces. The trainings will be replicated with different groups of youth in each parish. Topics covered in the curriculum include; self worth and self esteem, relationships, communication, assertiveness, peer pressure, alcohol and substance abuse, refusal, asking for help,

Activity Narrative: gender, media influences, personal safety, and helping others.

ACTIVITY 5: Large-scale Dissemination of AB Messages Through Nationwide Church Campaigns

Important commemoration and celebration dates have been identified to disseminate HIV prevention messages and to increase awareness and involvement of the community in the response to the HIV pandemic. These include development of sermon notes focusing on themes that build self-esteem for young people and avoidance of harmful behaviors, faithfulness, reduction of sexual partners and healthy relationships. The sermon notes are distributed to all dioceses. Different parishes and dioceses hold commemoration services and rallies and during these events, reach hundreds of people. Nothing the Church does is "one off." Messages are continuously reinforced in the church, Sunday School, Confirmation Classes and more. Church media will also be used to reach people with messages commemorating Women's Day, youth month campaigns and encouraging more boys and young men to get involved in outreach and education. The program will continue to address stigma across all dioceses, reaching people of different cultures and backgrounds, ethnic groups, races, and standard of living in rural and urban areas nationwide.

In FY 2007 the project increased the number of field workers to implement and support (assistance and quality control) the extension of training by peer educators and life skills facilitators. Further expansion is planned for FY 2008. The project will continue to emphasize preparation and dissemination of materials to parish priests throughout all nineteen dioceses to inform sermons, lessons, and more.

These activities, through the variety of approaches will all contribute to the overall PEPFAR goal of averting seven million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7601

Related Activity: 13384

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22963	3013.22963.09	U.S. Agency for International Development	Fresh Ministries	9841	463.09		$2,971,822
7601	3013.07	U.S. Agency for International Development	Fresh Ministries	4483	463.07		$0
3013	3013.06	U.S. Agency for International Development	Fresh Ministries	2669	463.06		$1,374,824

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13384	3835.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$600,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	77,650	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	8,550	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,180	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2798.08

Mechanism: N/A

Prime Partner: CompreCare

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3292.08

Planned Funds: $500,000

Activity System ID: 13758

Activity Narrative: SUMMARY:

By training faith and community-based leaders, as well as youth leaders in “Choose Life", a value-based Abstinence and Be Faithful (AB) prevention program, CompreCare and its prevention partner, HospiVision, will empower these leaders to implement AB programs in their various constituencies. The emphasis area for this intervention is training as well as community mobilization. Primary target populations include faith-based organizations (FBOs), non-governmental organizations (NGOs) and community leaders, volunteers, caregivers of people living with HIV and AIDS, people living with HIV (PLHIV), children and youth, orphans and vulnerable children.

BACKGROUND:

CompreCare is a South African NGO, undertaking HIV prevention and care activities under a multi-partner initiative called the CHAMPs Initiative. CompreCare's partner in this program is HospiVision, a FBO involved in spiritual care, counseling and training. HospiVision is part of a network of FBOs involved in the prevention of HIV by involving churches in the Tshwane (Greater Pretoria) metropolitan area in Gauteng. The prevention program will strengthen value-based AB messages in faith-based and community networks, with the goal of changing individual, social and community norms. This will lead to reduced risk behaviors and strengthen stable family relationships thereby reducing the HIV infection rate in the target communities.

The program is accredited by the Powell Centre at the University of South Africa (UNISA) and Transforming Tshwane, an ecumenical faith-based initiative focusing on networking and community mobilization in Tshwane. This program is conducted in support of the Tshwane local government's HIV and AIDS strategy which is in line with the National Department of Health (NDOH). HospiVision is also accredited by the NDOH. The Christian AIDS Bureau for Southern Africa has cooperated in the development of the training program and has provided support in the Western Cape. These partnerships and linkages will contribute largely to the sustainability of the program.

This activity builds on the successes achieved with PEPFAR FY 2005, FY 2006 and FY 2007 funding. During the first 18 months of the implementation of the AB program 700 leaders were trained, 57,596 people were reached and an estimated 540,000 people have already been reached through the mass media program by Radio Pulpit. In addition, at no cost to CompreCare or to PEPFAR, the Northwest University is conducting an evaluation and analysis of the impact of the personal and community impact of the Choose Life Program. The results of this study will be made available, annually, in November and will be used to improve and strengthen the program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The "Choose life" program is a value-based AB training program for faith, NGO, community and youth leaders who are targeted and identified through existing networks. "Choose Life" is an experiential basic (three days) and advanced (five days) accredited training program. The program focuses on two value frameworks ("the golden rule" and Ubuntu "being through community") as well as six central spiritual values (respect, responsibility, integrity, fairness, love and service) and enhancing decision-making, assertiveness and negotiation skills. A trained facilitator conducts workshops with a group of (maximum) 20 participants. Facilitator capacity building is conducted through a master trainer and mentor training program. By increasing the number of master trainers, and faith, community, youth and NGO leaders trained, the number of people reached will increase considerably. "Choose Life (Youth)" has adapted the program for the youth context. The outcome of this program is to empower participants with knowledge, skills and attitudes to live powerful, spiritual, self-confident lives by making wise ethical decisions. There will be a particular emphasis on the role of FBOs in reducing stigma, addressing gender issues and empowering youth and unmarried people to make abstinence and "be faithful" choices, and for active couples to make "be faithful" choices that are based on values and supported by life skills. FY 2008 PEPFAR funding will ensure continued support for fund trainers, workshops, adapt training manuals and handbooks. FY 2008 funding will ensure geographic expansion of these activities to Free state, Western Cape, Limpopo and Mpumalanga and expanding into new areas in Gauteng. Ongoing review and adaptation of the program will be based on lessons learned from the previous year of implementation. This program will in turn reduce stigma and discrimination on HIV and AIDS. The participants are identified in various faith-based communities and they get nominated to attend the course. At the end of each course participants are given evaluation forms and assignments which they have to perform and bring after six months. This is a train the trainer program, where trainers are nominated from existing community structures. Once the training is completed, trainers go back into the community to implement what they have learned and come back after six months for a review.

ACTIVITY 2: Community Outreach

Leaders trained will form action teams that will initiate the community mobilization activities. The value-based prevention approach, incorporating "Choose Life" program, includes raising awareness about HIV and AIDS in faith communities, workshops for community members and youth as well as activities like church services and catechism for children and youth. Apart from the "Choose Life" program implemented by CompreCare's prevention partner HospiVision, other prevention activities will be implemented using several modalities in cooperation with Kurima, a NGO, by means of the Know Your Neighborhood (KYN) program. Prevention communication will be implemented via a network of trained KYN community facilitators who are responsible for spreading AB messages within designated areas at the grassroots level in target communities.

ACTIVITY 3: Mentoring and Implementation Support

Trained community, faith and youth leaders will receive ongoing support through trained mentors and during follow-up workshops. Mentors will assist participants in the completion of assignments for certification as well as in the implementation of the program in their communities. This will significantly increase the numbers of people reached through continuous implementation by trained leaders. HospiVision will continue to train the KYN Facilitators and Child Care Workers from the OVC program in value-based

Activity Narrative: prevention as well as provide counseling and debriefing services on a regular basis. The mentoring and implementation support will form an essential part of a quality assurance and monitoring and evaluation program. Through the monitoring and evaluation process, the impact and effectiveness of the value-based prevention approach will be assessed. FY 2008 PEPFAR funds will support mentors and mentor workshops.

ACTIVITY 4: Information, Education and Communication

Via the medium of Radio Pulpit, a national Christian radio station, and other community radio stations, a media program will emphasize the value-based prevention approach, incorporating the messages of the "Choose life" program about AB lifestyle choices and life skills based on value frameworks and value-based behavior change principles. This will be done through interviews, discussion forums and listener-driven programming. In addition, “Choose life: A value-based response to HIV and AIDS”, a handbook will be published on annually by the Powell Bible Centre. This will be linked with series of AB value-based leaflets published by “The Christian Literature Fund” specifically aimed at targeting community members, pastors and leaders of FBOs.

CompreCare and its prevention partner, HospiVision, will contribute towards meeting the vision outlined in the USG Five-Year Strategy for South Africa (PEPFAR goal of seven million infections averted) by improving AB preventive behaviors among the youth and adults and increasing effective CBO/FBO prevention activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7561

Related Activity: 13759, 14252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24067	3292.24067.09	U.S. Agency for International Development	CompreCare	10341	10341.09		$485,452
7561	3292.07	U.S. Agency for International Development	CompreCare	4466	2798.07		$500,000
3292	3292.06	U.S. Agency for International Development	CompreCare	2798	2798.06		$335,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13759	3294.08	6597	2798.08		CompreCare	$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	90,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	12,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	850	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Coverage Areas

Gauteng

Free State

Limpopo (Northern)

Mpumalanga

Western Cape

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	224.08	**Mechanism:**	CTR
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	2926.08	**Planned Funds:**	$145,500
Activity System ID:	13723		

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for Family Health International (FHI) is changing in October 2008; therefore, a COP entry is being made to reflect this change in mechanism and activity number only. FHI activities under AB are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

SUMMARY:

Family Health International (FHI) will provide technical assistance (TA) to three universities' peer education programs to continue integration of abstinence and be faithful messages (AB) as well as life skills into the ongoing activities of the peer education programs on university campuses. Using the curriculum developed in FY 2005, the AB and life skills training will be extended to a cadre of peer educators (PEs) on each of the campuses participating in this project. The PEs will then pass these skills on to other students on campus primarily through interaction in ongoing, small behavior change groups. Emphasis areas are gender which includes addressing male norms and behaviors, cross-generational sex and multiple sexual partnerships, reducing violence and coercion, training, local organization capacity building, and wraparound programs in family planning and education. Main target populations addressed are men and women of reproductive age and people living with HIV.

BACKGROUND:

Currently, most efforts addressing sexuality and reproductive health needs for young people are focused on out-of-school youth and those in secondary school in South Africa. Youth at institutions of higher learning represent a special group at risk as they are often left unsupervised by both parents and teachers, who are under the assumption that they are mature enough to protect their sexual and reproductive health. Available evidence suggests that these young men and women have high sexually transmitted infection (STI) and unintended pregnancy rates, an indication that they are not yet equipped with the knowledge and skills required to protect themselves from these adverse outcomes.

In FY 2005, in consultation with the South African Universities Vice Chancellors' Association (SAUVCA) and the Department of Education, FHI implemented a project that took place on three university campuses in South Africa: University of the Western Cape, University of the Free State, Qwaqwa campus and University of Limpopo, Medunsa campus. Each campus contributed to the development of the AB/life skills curriculum which was subsequently implemented among 26 PEs from each of the three campuses. After the training, PEs recruited six students each to take part in ongoing behavior change communication (BCC) groups on their campus, reaching in total 468 students.

Life skills aim to enhance the students' ability to make responsible sexual health decisions and adopt behaviors that will keep them free of STI and HIV infection, as well as avoid unintended pregnancies. The curriculum included sessions on “Abstinence”; which promotes delaying sexual debut for youth under 14, as well as secondary abstinence for older youth and “Be Faithful” for youth and adults in long-term relationship, discouraging them to engage in multiple and concurrent sexual relationships which are the drivers of the HIV epidemic. The AB prevention messaging will address secondary abstinence, values clarification, self-esteem, communication, decision making and negotiation, and utilized participatory learning techniques. Another key component of the AB/life skills training was a session on gender equity. The curriculum complemented the universities' existing peer education curricula, which provides basic information about prevention of HIV and AIDS. The BCC groups provided a safe place to explore strategies for adopting and strengthening the AB life skills in their personal lives. Students were able to support each others' behavior change process, including seeking counseling and testing (CT). Through one-on-one and group interaction, the PEs took advantage of a variety of regularly scheduled campus events-such as orientation week, condom week, and STI awareness week-to reach additional students with basic information on STIs, HIV and unintended pregnancies and how to protect oneself and maintain a healthy lifestyle. The program also promoted referrals between the PEs and student health or community health services for CT as well as family planning (FP).

Major accomplishments to date include development of the AB life skills curricula and successful training of the PEs. The program has gone beyond the university campuses and PE groups to be conducted in high schools in communities near the campuses. A radio series was produced and launched on campus and community stations throughout South Africa, reaching approximately 6,000,000 listeners. The show addressed issues related to risk-reduction behaviors for STIs, HIV and unintended pregnancies that are relevant for university students. The curriculum was also used by University of Nairobi for a similar intervention.

The universities did not receive PEPFAR funding for FY 2006, however the universities were committed to continue the BCC groups and supervision activities. While the activities are expected to continue with the respective university funding, additional resources are needed to strengthen the longer-term institutionalization of the life skills program.

ACTIVITIES AND EXPECTED RESULTS:

In collaboration with the Department of Education, in FY 2008 FHI will continue to work with the three universities, University of the Western Cape, University of the Free State, Qwaqwa campus and University of Limpopo, Medunsa campus, and explore opportunities to expand activities to tertiary institutions. FHI will work in collaboration with JHU at the University of Western Cape and the University of Free State, Qwaqwa campus to ensure that all PE programs are harmonized. To align the goals of the program with the government goals, FHI will work closely with the Department of Education staff to further refine the program and improve outreach. Further integrating AB life skills into their peer outreach program work plans, each university will recruit new PEs for the AB life skills project, who will then recruit other students to participate in small, ongoing BCC groups. TA will also be provided to strengthen supervision skills to ensure the quality of the peer interactions, modeling problem solving skills, and shaping perceived peer/social norms on sexual behaviors. The “Be Faithful” messages will also promote mutual monogamy, partner reduction and full information on correct and consistent condom use will be provided.

Specific activities include:

Activity Narrative:

(1) Incorporating AB life skills program into existing peer education work plans in a cost-effective manner;
(2) Conducting AB life skills training for all PEs participating in the program;
(3) Providing refresher trainings to strengthen basic peer education/facilitation skills;
(4) Standardizing job aids and tools for PEs to use in small groups;
(5) Conducting supervision skills training for and provide TA to supervisors to help support PEs and the BCC group process;
(6) Building and strengthening relationships between PEs and student health services, and formalize referral links to health services;
(7) Integrating alcohol and substance abuse risk behaviors in the life skills program; and
(8) Monitoring AB, life skills and BCC group processes.

The project will help decrease the number of new infections by achieving the expected results which will ultimately lead to a delay in sexual debut, a reduction in sex acts, fewer partners or a reduction in unprotected sex.The activities contribute to the 2-7-10 PEPFAR's goals of averting of seven million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7585

Related Activity: 13722, 13728, 13724, 13737, 14645, 13725, 21081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22948	2926.22948.09	U.S. Agency for International Development	Family Health International	9838	224.09	CTR	$101,460
7585	2926.07	U.S. Agency for International Development	Family Health International	4476	224.07	CTR	$200,000
2926	2926.06	U.S. Agency for International Development	Family Health International	2633	224.06	CTR	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
21081	21081.08	6583	224.08	CTR	Family Health International	$48,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
14645	14645.08	6588	218.08	Track 1	Family Health International	$0
13737	2922.08	6588	218.08	Track 1	Family Health International	$928,281
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,700	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	111	False

Coverage Areas

Free State

Gauteng

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4616.08

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12253.08

Planned Funds: $28,226

Activity System ID: 13702

Activity Narrative: SUMMARY:

CARE serves as an umbrella grant-making mechanism for the Centers of Disease Control and Prevention (CDC). Specific responsibilities of include the financial oversight of the grant which includes review the financial reports and on-site assessment of the supporting documentation.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Contractual Arrangements

CARE is responsible for the contractual arrangements of the sub-grants with CDC Atlanta. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa to meet the PEPFAR goals. Care will prepare all supplemental and continuation application, and ensure progress reports are received by the sub grantees. CDC activity managers will be responsible for the technical review of the sub-grantees, thus targets met by the sub grantees for the HVAB program will not be assigned to CARE.

ACTIVITY 2: Financial Oversight

CARE is responsible for the financial oversight of the sub grants. This activity entails the review of financial reports submitted by the grantees on quarterly/6 month basis; and on-site assessment of the supporting documents to ensure compliance to contract. These on-site assessments will be conducted on a six month basis. CARE will also ensure progress reports are received from the sub grantees and approved by the activity managers of CDC South Africa on a quarterly/6 month basis prior to the disbursement of continuation funding.

CARE is contributing to the 2-7-10 PEPFAR goals through support to indigenous and international FBOs and NGOs providing AB and Youth focused services to communities in all nine provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12253

Related Activity: 13701, 13707, 13703, 13704, 13705, 13706

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22634	12253.22634.09	HHS/Centers for Disease Control & Prevention	CARE International	9742	4616.09		$27,405
12253	12253.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510
13704	7873.08	6577	4616.08		CARE International	$2,437,830
13705	12511.08	6577	4616.08		CARE International	$0
13706	12417.08	6577	4616.08		CARE International	$211,824

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 227.08

Mechanism: ASPH Cooperative Agreement

Prime Partner: Association of Schools of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3835.08

Activity System ID: 13384

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: $600,000

Activity Narrative: SUMMARY:

Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (AB and Other Prevention), orphans and vulnerable children (OVC), and system/capacity building goals by providing training, technical assistance, and materials development to government, non-governmental organizations (NGO), faith-based organizations (FBO), corporate, and other organizations using peer education strategies through the Center for the Support of Peer Education (CSPE). CSPE is the first academic center devoted to development and continuing improvement of a sustainable national inter-sectoral peer education system. The emphasis area will be gender, local organization capacity, development and training. The target population will be children, youth, adults, HIV-affected families, teachers and religious leaders.

BACKGROUND:

This project is an expansion and institutionalization of peer education. Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., VCT, treatment, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

CSPE provides PEPFAR and non-PEPFAR partners with training and ongoing technical assistance and assists with the development and adaptation of peer education materials and tools specifically focused on the AB prevention in multiple settings. The Center will prepare and coordinate trainers (with accreditation process initiated) from a variety of sectors and geographic areas. Partners will use evolving standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All CSPE peer education AB activities and materials explicitly and intensively address the following areas of interest: male norms and behaviors, sexual violence and coercion, stigma reduction, risk behaviors like alcohol and substance abuse, across generational sex, multiple concurrent partnerships and maintaining infected and affected children in school. Peer education focuses on Abstinence and Be Faithful prevention messages for adolescents and adults. Prevention messaging will focus on abstinence for the youth aged 10 -14, delaying sexual debut and secondary abstinence for youth older than 14 years and reduction in multiple and concurrent partners for youth at risk and those sexually active. Peer education having primary AB prevention goals is also a means for early identification and referral to services of vulnerable children and youth, and HSPH is pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in the design of peer education support systems, training of peer educators, and the content peer educators are trained to deliver. AB activities are conducted through partners.

ACTIVITY 1: KwaZulu-Natal Department of Education

CSPE will train and support regional and district-level trainers and administrators in three of six districts to provide supervision and oversight for high school-based peer education. More than 50 personnel from NGOs, CBOs and FBOs serving KwaZulu-Natal will be trained and equipped to organize and supervise peer education programs in 120 KwaZulu-Natal schools, working with teams of 15 peer educators per school.

ACTIVITY 2: Catholic Institute of Education (CIE)

Three Catholic Institute of Education schools in KwaZulu-Natal will be assisted to develop integrated models including primary prevention, services for OVC, workplace peer education for educators, and use of school-trained peer educators in community settings. Integrated work in KwaZulu-Natal will promote an intersectoral advocacy process involving policymakers and leaders from government departments and public and private sector stakeholders. CSPE will support the expansion of peer education within the national CIE network to an additional five schools in FY 2008. Maintenance of the current intervention in six schools is a continued activity.

ACTIVITY 3: Eastern Cape Department of Education

Schools are receiving Rutanang-based peer education through Eastern Cape Department of Health (ECDOE) tenders with Youth for Christ (YFC). This initiative predated YFC funding by Department of Health/PEPFAR, uses ECDOE conditional grant funds, and specified the use of Rutanang in the tender. CSPE maintains an ongoing consultative (at least two meetings/year) and monitoring and evaluation training relationship with YFC.

ACTIVITY 4: Western Cape Education Department (WCED)

CSPE will support the implementation of peer education to a total of 100 high schools reaching 6,600 learners. A range of service providers working under the DOE umbrella receive at least two consultations per year with CSPE staff, and additional trainings and consultations, including one for principals, are planned.

ACTIVITY 5: Free State Education Department (FSED)

Strengthening the peer education called 'Radically Different Species' (RADS), the FSED adaptation of Rutanang, CSPE will promote the integration of peer education into the scheduled curriculum, reaching approximately 40 high schools and 2,000 learners. FY 2008 funding will ensure strengthen of monitoring and evaluation ,for Department of Education provincial and district officials.

ACTIVITY 6: Mpumalanga Department of Education

In 2005, the Mpumalanga Department of Education (MPDOE) began using the RADS adaptation, and HSPH training and technical assistance, to develop a province-wide peer education strategy. CSPE will provide training and technical assistance to 30 MPDOE supervisory and M&E personnel, supporting rigorous peer education programs in 30 schools reaching 1500 learners through training 6 PEs per school.

Activity Narrative:

ACTIVITY 7: Anglican Church of the Province of Southern Africa (ACSA)

CSPE is working with the Anglican Church of the Province of Southern Africa to tailor T&TA and materials for AB activities in churches, religious schools, and FBO community outreach projects. Five diocese and 25 parishes with 5 coordinators; 50 supervisors and 150 peer educators reaching 50 youth per parish.

ACTIVITY 8: Faith-based Organizations

CSPE is also developing memoranda of understanding with three FBOs that provide school-based peer education under PEPFAR funding to the Department of Health: Youth for Christ, with whom HSPH has a long and productive relationship in the EC, the Muslim AIDS Program, and Scripture Union. HSPH will also provide consultation to other large NGOS working in various parts of the country, including Hope Worldwide.

ACTIVITY 9: Parent support

CSPE has identified the need to help and support parents to prevent high-risk behavior in their children. Working through existing partnerships with organizations and structures capable of reaching parents (schools and faith-based organizations); CSPE will develop, disseminate, and train on the use of parenting workshop materials designed for low-literacy parents. In FY 2007 HSPH designed, piloted, evaluated, and refined this package. In FY 2008 HSPH will begin a gradual, controlled rollout of this package to selected partners.

ACTIVITY 10: CPSE Expansion

CSPE will divide its efforts between responding to specific partners and carrying proactive strategies to improve peer education as a systems approach in a variety of settings and partners. CSPE will expand and embark on a program to provide materials and advanced and targeted training to various audiences and settings. Direct invitations to current partners make it easier for government employees to secure support and budget to attend. CSPE will offer workshops at the University of the Witwatersrand and at provincial sites. Training courses will be designed towards SAQA accreditation and contribute to improved rigor and quality. This activity addresses both capacity building and systems strengthening goals. Training focus areas include: (a) advanced peer educator training for a graduated system: supervisors and advocates; (b) advanced communication skills for us in natural group encounters; (c) peer education for HIV and AIDS in sport and recreation settings; and (d) peer educators as lay counselors: potential and limits.

In addition to contributing to PEPFAR annual and cumulative targets, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7295

Related Activity: 13385, 13386, 13387, 13754

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22599	3835.22599.09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	9736	227.09	ASPH Cooperative Agreement	$0
7295	3835.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4368	227.07	ASPH Cooperative Agreement	$320,000
3835	3835.06	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	2635	227.06	ASPH Cooperative Agreement	$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13754	3013.08	6593	463.08		Fresh Ministries	$4,088,513
13385	2932.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$300,000
13386	2933.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$400,000
13387	2934.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,369	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,141	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Mpumalanga

Western Cape

Gauteng

Limpopo (Northern)

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	268.08	**Mechanism:**	N/A
Prime Partner:	Population Council SA	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3804.08	**Planned Funds:**	$376,000

Activity System ID: 14270

Activity Narrative: SUMMARY:

Prevention efforts are key to reducing sexual transmission of HIV. In South Africa, the Population Council (PC) has implemented several prevention programs targeting young people, learners, as well as men and couples to delay sexual debut, promote faithfulness and mutual monogamy, and to reduce risk behaviors. With PEPFAR FY 2008 funds, PC intends to strengthen and expand these activities. The proposed activities are in response to requests from various government departments (provincial and national), and will draw upon exiting partnerships with South African institutions and organizations such as the Departments of Health and Education and the South African Council of Churches.

BACKGROUND:

Over the past few years, the PC has developed an expertise in developing strategies and interventions that more specifically focus on the role of men in HIV prevention. The first activity has been to work with the Department of Education, South African Council of Churches and local FBO piloting interventions on AB in primary schools and mutual monogamy in churches in Mpumalanga Province and the Eastern Cape Province, respectively. These community interventions have reached couples, church members, youths, teachers, learners, parents/guardians and other stakeholders. However, reaching an adequate number of men through churches is a major challenge because fewer men than women participate in church activities. This year's activities will continue to increase male involvement through specific strategies such as strengthening couples interventions and educating learners. The emphasis area include: human capacity development public health evaluations / targeted evaluations. Interventions will target program managers, program implementers, NGOs and other stakeholders.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: AB Life Skills

AB Life Skills: Adapting a comprehensive school-based AB Life Skills Curriculum for 8th and 9th grade learners. The AB Life Skills curriculum, Dare to be Different (D2BD) is a Horizons developed comprehensive ABC prevention curriculum specifically designed for South African schools. D2BD is unique to the life skills curricula currently being implemented in South African schools as it is an outcomes-based curriculum that utilizes a learner-centered approach that promotes a balanced ABC prevention strategy by emphasizing abstinence (A) and faithfulness (B) and building upon the existing condom knowledge of in school learners. D2BD has been designed to meet all the learning outcomes and assessment standards set forth by the South African DOE and the National Curriculum Statement for the national Life Orientation/life skills program in schools. D2BD promotes a balanced ABC strategy through a comprehensive curriculum that addresses/promotes goal setting, character building, messages and activities that promote the advantages of abstinence and the consequences of sexual engagements, activities around risk assessment, and skills building, including: decision making, critical thinking, problem solving, resisting peer pressure and communication skills. D2BD features two additional components: (1) Hometalk: homework activities fostering parent/child communication, and (2) Peer Support: supplemental activities to be implemented by trained learners. The current Life Orientation curricula being implemented in South African schools do not address any of the above mentioned messaging or skills building and this is what makes the D2BD curriculum unique.

D2BD has been piloted in nine primary schools in Mpumalanga District among 1,562 learners and 25 teachers. Data from the pilot suggests that the curriculum differs from what is currently being implemented, provides more comprehensive information on HIV prevention, encourages parent-child communication around HIV prevention and pregnancy and is well received by learners and teachers.

In FY 2008, Population Council will build on the findings of the pilot and implementation of the curriculum in 6th and 7th grades in 2006 and 2007 and adapt the AB life skills curriculum D2BD for use in 8th and 9th grade (13-14 year old learners) classrooms in South African schools in Mpumalanga Province. The D2BD curriculum that has been developed for the 6th and 7th grades, and as the Life Orientation learning outcomes and assessment standards vary by grade, D2BD will need to be adapted to reflect the requirements for the 8th and 9th grade DOE Life Orientation Program.

Population Council will monitor and evaluate the implementation of the adapted curriculum in the 8th and 9th grade classrooms. Some formative research, and a pre-test and pilot will need to be conducted to be sure that the material is age appropriate, that it meets the DOE Learning Outcomes and Assessment Standards and that teacher's are comfortable with the curriculum. For this evaluation Population Council is interested in following the same cohort of students who participated in the program in 2007. As this study will be a cohort study Population Council will also need to continue monitoring and evaluating the implementation of the AB life skills curriculum in the 7th grade classrooms. The 2008 cohort study will follow the 1,562 learners who received the AB curriculum as part of their schools Life Orientation Program in the 6th and 7th grades in 2007. The cohort study evaluation will focus on sexual behavior outcomes but will also examine knowledge and attitudinal outcomes around abstinence and faithfulness.

ACTIVITY 2: Strengthening FBO Prevention Activities

Kindly note that the program area for the FBO Mutual Monogamy Study has been changed to Counseling and Testing. For FY 2008, this program focuses on promoting Couple's HIV Testing and Counseling through faith-based organizations

The program will continue to focus on couples in churches with the goal of mutual monogamy among these couples. Couples will continue to receive messages and skills to enable them to establish and/or maintain mutual monogamy in their partnerships. Indeed, mutual monogamy messages are still important for this population as baseline data collected April 2007 among church members in Butterworth and Alice indicated that approximately one-third of church-goers in stable relationships suspected their primary partner to be having sex with someone else, and 17 percent of those in stable relationships indicated they had sex with someone else outside of their primary relationship. Given the potential for exposure to HIV through non-monogamous relationships, HIV testing among couples becomes crucial, particularly in light of the high level of HIV serodiscordance among couples that have been reported in Sub-Saharan Africa.

Activity Narrative:

An integral part of the FBO program on mutual monogamy has been the promotion of HIV counseling and testing, particularly as a couple, so that they can know their HIV status and plan accordingly as a couple. In the current program, individuals and couples have been referred for HIV counseling and testing, however, the quality of the service of couples counseling and testing is likely to be poor. Therefore, by adding on the couple counseling and testing component to this program, the program becomes more comprehensive.

This activity contributes to the PEPFAR goal of averting seven million infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7614

Related Activity: 14269, 14574, 14575, 14271, 14272, 14273, 16316, 16317

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7614	3804.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	$0
3804	3804.06	U.S. Agency for International Development	Population Council	2651	268.06	Frontiers	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,900	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	600	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Coverage Areas
Eastern Cape
Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4755.08	**Mechanism:**	N/A
Prime Partner:	Mpilonhle	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8238.08	**Planned Funds:**	$300,000
Activity System ID:	14026		

Activity Narrative: SUMMARY:

Mpilonhle is a new South African community-based organization registered in 2007 with the South African Directorate for Non Profit Organisations (NPOs). It is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal (KZN) through its "Mpilonhle Mobile Health and Education Project". Mpilonhle will become operational in late 2007 with a single mobile unit funded with support from Oprah's Angel Network, and expand with two further mobile units funded by PEPFAR. Mpilonhle expects to recruit and hire 40 staff members who will be based at Mpilonhle offices in Mtubatuba, KZN.

Mpilonhle's Abstinence and Be Faithful (AB) prevention activities include school-based provision of (1) health screening, (2) health education, and (3) computer-assisted learning, delivered through mobile clinic and computer laboratory facilities to 12 secondary schools in the rural KwaZulu-Natal province. Emphasis areas are gender, human capacity development, and education wraparound programs. Targeted populations are adolescent males and females aged 10-24 and teachers.

BACKGROUND:

This is a new PEFPAR funded activity to be implemented under the FHI Umbrella Grants Mechanism (UGM). Mpilonhle has the broad support from district and provincial South African Government (SAG) leadership. AB prevention activities will be implemented in Umkhanyakude District Municipality, the poorest and most rural district in KwaZulu-Natal that has extremely high HIV prevalence rates. Services will be delivered using mobile units traveling to rural secondary schools. Students in these schools suffer from physical remoteness, scarcity of health services and generally inadequate resources. Partners include the Department of Education (DOE), the South African Democratic Teachers' Union (SADTU), District Health Services, district and municipal leadership, including the Traditional Authorities. The local Department of Education officials, school principals, district and municipal mayors, teachers and students have expressed the acceptability of school-based voluntary counseling and testing (VCT).

ACTIVITIES AND EXPECTED RESULTS:

The AB prevention activities will be provided through mobile facilities beginning in January 2008. There will be a cost sharing of resources through the Oprah Winfrey Angels funding. Each mobile health unit will have four counseling rooms, a nurse room, and two group education areas - one for HIV and health education, and one for computer training. Each mobile unit will be staffed by a primary health care nurse, four health counselors, a health educator, and a computer educator. Each unit will serve four participating secondary schools, staying at each school for one week per month during the eight-month school year. The project will have three mobile facilities, allowing it to serve 12 secondary schools in total. Each participating secondary school has an average of 800 students. Six of the 12 schools have been initially selected by identifying principals who expressed interest in participation. With greater knowledge of the proposed project there has been a greater expression of interest and the remaining six schools will be determined through deliberations with the Mayors of Umkhanyakude District Municipality, Mtubatuba Municipality, and Hlabisa Municipality, and with local officers of the Department of Education and the Traditional Authority.

Mpilonhle will conduct three main activities in the AB Program Area, as described below.

ACTIVITY 1: School-Based Health Screening

The health counselor will provide students with an annual individualized health screening that is comprehensive, integrated, and appropriate; however the emphasis is on HIV prevention and promotion of risk perception. It includes voluntary counseling and testing (VCT) and individualized AB counseling. Through this activity, young people will be screened for tuberculosis (TB), sexually transmitted infections (STIs) and other common health problems. Those who are HIV-infected will be referred for CD4 count and further management at the nearest appropriate health facilities. The premise behind the health screening is to ensure that young persons are reached before they begin having sex. The main messages will focus on abstinence, delay of sexual debut for young people (10 -14years). For older youth (15 -19 years) who are sexually active they will be encouraged to revert to secondary abstinence. For those most at risk sexually active (20 -24 years) information on correct and consistent use of condoms will be given and encouraged to limit number of sexual partners (i.e. be faithful). VCT will be an entry point to prevention programs, especially for sexually active students, including in-school OVC.

ACTIVITY 2: School-Based Health Education

The health educator will provide students with four 90-minute small-group HIV, general health and life skills education sessions per year that will discuss the basic facts about: HIV and STIs; VCT; TB; anti-retroviral therapy (ART); prevention of mother-to-child transmission of HIV (PMTCT); a balanced Abstinence-Be Faithful-Condoms (ABC) approach to HIV prevention; reducing stigma and discrimination against people living with HIV and AIDS (PLHIV); promoting healthy lifestyles including the avoidance of substance abuse and the promotion of exercise and good nutrition; and promoting mutual respect between men and women. An age-appropriate curriculum on these topics has been developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU). Existing material developed by the EDC and SADTU, and the World Health Organization (WHO), the summarized WHO publication "Teachers' Exercise Book for HIV Prevention", will be used because it conforms to the SA DOE's Life Skills curriculum. This curriculum will also be submitted to the SA DOE for approval, and for certification of conformity with the Life Skills curriculum. The curriculum will also be sent to UNICEF for their inputs. This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes and Practice (KAP) skill-building methods in topics such as risk reduction, decision-making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. The skill-based HIV education will provide focused messages about the benefits of delaying sexual debut and other safe sexual behaviors. Activities will aim to develop students' self-esteem to build their resilience, assist them to make informed choices and develop communication skills.

ACTIVITY 3: School-Based Computer-Assisted Learning

Activity Narrative:

The computer educator will provide students in participating schools with four 90-minute small-group computer education sessions per year. This training will focus on how to use computers, basic software, the internet; and computer-assisted learning for improved school performance, HIV prevention, and general health promotion. The computer-based health education lessons are packaged to address the life skills needs of youth and are consistent with SAG guidelines. The AB messages are internationally recognized, appropriately researched messages. This activity is intended to improve student learning, raise number of pupils who graduate (graduation rates), and augment employability. These outcomes can in turn increase women's socio-economic status, and reduces their vulnerability to coercive, cross-generational, and transactional sex.

Sustainability will be achieved through (1) political commitment from district and municipal governments, and the local Department of Education; (2) the relatively low-tech and easily replicable nature of many core program features; (3) minimal dependence on scarce health professional such as doctors and nurses; (4) the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; (5) the possibility of adapting the VCT service delivery model to workplaces as well as schools; (6) the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

Building human capacity in remote rural areas will occur by maximizing the capacities and skills of relatively abundant lay health workers to enable them to perform critical yet scarce services such as VCT, health screening and personalized risk assessment, and health education. This will help shift the burden of these activities away from relatively scarce professional health workers such as nurses and doctors. The organization will build the technical expertise and capacities of lay health workers through rigorous training and regular refresher courses, and through the technological support provided by the Information Technology components of the program.

This activity addresses gender issues through (1) the provision of AB education to large numbers of adolescent males and females encouraging males to respect females, abandon gender stereotypes, and by discouraging multiple sex partners; (2) computer education which promotes female educational attainment, self-confidence and self-reliance, and employability, which in turn reduce vulnerability to HIV, in particular coercive, cross-generational and transactional sex; and (3) health education that promotes safer behavior and gender-sensitive attitudes among men and yield benefits to women when making informed choices with regard to their sexual health.

These activities will contribute to 2-7-10 PEPFAR goals of preventing seven million new HIV infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8238

Related Activity: 14027, 14028, 14029, 14030, 13717, 13775

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22984	8238.22984.09	U.S. Agency for International Development	Mpilonhle	9854	4755.09		$291,271
8238	8238.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13775	2919.08	6604	216.08	ACQUIRE	Engender Health	$690,000
14027	8241.08	6688	4755.08		Mpilonhle	$250,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
14029	8246.08	6688	4755.08		Mpilonhle	$540,000
14030	8247.08	6688	4755.08		Mpilonhle	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,760	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	108	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	481.08	**Mechanism:**	N/A
Prime Partner:	Living Hope	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3024.08	**Planned Funds:**	$400,000
Activity System ID:	13993		

Activity Narrative: SUMMARY:

Living Hope (LH) provides a comprehensive HIV and AIDS awareness and prevention education program with an emphasis on abstinence and fidelity in schools, churches, workplaces, and community centers. The program is values-based and targets vulnerable and impoverished groups residing in the Western Cape peninsula, including migrants from the Eastern Cape into the Ocean View, Masiphumelele, Capricorn and Red Hill areas of the Western Cape. The program's emphasis is gender and human capacity development through life skills education for children and youth on HIV prevention.

BACKGROUND:

LH Community Center is an indigenous South African faith-based organization (FBO) formed in 1999 in direct response to the HIV and AIDS epidemic. LH's response to HIV has grown to include a comprehensive approach to the pandemic including HIV prevention programs for children, youth and adults, a 22-bed Hospice for HIV care, home-based care, and pre- and post-test counseling. The LH network includes five branches in different communities, with partnerships through local churches, local Department of Health (DOH), hospitals, schools, as well as DOH clinics.

The prevention program curriculum utilizes the Scripture Union's "Jika" and "Reach for Life" program and Family Impact's 'Positive Parenting' course. The success of LH's program is due, in part, to the development of partnerships with other community stakeholders and service providers. LH works with over eight primary schools, seven churches, and several private organizations including Homestead, All Nations, OIL, Desmond Tutu Foundation, Vrygrond Development Trust, New World Foundation, and Next Generation. LH's PEPFAR-funded activities are a continuation and expansion of some of the first programs conducted by LH such as after school life skills programs and community interventions held in the clinic in Masiphumelele. FY 2008 funding will be used to expand geographical focus to include new areas in the Western Cape such as Muizenberg, Red Hill, Fish Hoek, Simon's Town, Ocean View and False Bay.

FY 2008 funding will be used to provide life skills education, youth clubs for children and teens, outreach activities to increase risk perception and behavior change for adults, and training and mentorship for local churches. Other community-based organizations (CBOs) will be supported to undertake HIV prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

LH's life skills educators are recruited from local communities and attend a life skills workshop with a local CBO called Think Twice as well as Scripture Union. Each life skills educator also attends the AIDS Training, Information and Communication, Basic HIV and AIDS information course. Several other short courses are conducted to sharpen the skills of life skill educators, such that they are able to communicate effectively with children and to be creative in their presentation of the prevention program.

The life skills educators will be educated on the needs of diverse audiences including children, youth and adults. The educators address abstinence for pre-teens and youth as well as delayed sexual debut. The life skills educators will be provided with ongoing follow-up support and supervision from LH's Prevention Coordinator. Regular meetings to evaluate progress and monitor activities will be held.

As LH continues to build relationships with community and religious leaders, it will conduct HIV prevention education at LH facilities and partner churches, workplaces, schools, and community centers with a focus on behavior change. The behavior change communication (BCC) focus on abstinence for youth aged 10-14 before they start sexual activity and AB for youth aged 15–24 to encourage them to adopt secondary abstinence and reduction of number of sexual partners. Adult men will be educated on male norms and values to discourage cross-generational sex and multiple concurrent partnerships. Youth at risk due to their sexual behavior and adults will be provided with full information on correct and consistent condom use and referred to condom service outlets. HIV outreach activities aim to prevent youth at risk and adults from becoming HIV-infected by (1) increasing understanding about the nature of the disease; (2) increasing understanding about how HIV can be prevented through abstinence, or delaying sexual debut, being faithful and partner reduction; (3) increasing personal risk perception about HIV infection; and (4) reducing stigmatization and discrimination against people living with HIV.

LH is aware of the influence of community leaders and encourages community leaders to become advocates for HIV prevention through ongoing outreach activities and training. LH equips community and religious leaders with teaching materials and encourages them to teach others about male norms and behaviors as well as gender roles and equity to discourage discrimination, violence, coercion and abuse against women and girl children. LH provides ongoing support as requested by various community leaders and will be available for further awareness and education in local churches, businesses or community centers upon request.

LH's prevention activities aim to provide comprehensive health-related courses with an emphasis on HIV and AIDS risk perception and behavior change. This activity is designed to increase HIV risk perception and knowledge of HIV and AIDS, with an emphasis on AB as the best means of preventing transmission. Within the Be Faithful messages, there is a strong emphasis on sexual partner reduction, discouragement of cross-generational sex and multiple concurrent sexual partnerships.

ACTIVITY 2: Outreach and Education

FY 2008 funds will be used to provide in-depth education and training in life skills and basic health topics with an emphasis on HIV prevention. The adolescents under 14 years are targeted before they start engaging in sexual behavior through the outreach and education designed to change behaviors and attitudes to prevent HIV. This activity will be conducted through a partnership with local government, in public schools as well as community churches in underprivileged communities such Masiphumelele, Vrygrond Ocean View and Red Hill.

Activity Narrative: The HIV prevention messages will be disseminated in various places where youth congregate. Prevention messages and structured curricula will be delivered through church sermons, public school assemblies in underprivileged communities, youth and after-school kids clubs in these communities, and holiday clubs during school holidays.

LH has implemented a life skills development program for children and youth-based on an abstinence value system. Specific activities will include weekly children's and teen's clubs that incorporate life skills training to encourage healthy life choices, including delaying sexual debut, abstinence until marriage for children before they start to engage in sexual activity and faithfulness once married, and to enable youth to resist sexual pressures. Women and girls will be empowered through these workshops to say no to premarital, extramarital, and unprotected sex.

ACTIVITY 3: Referrals and Linkages

Adults and youth at risk and those who are sexually active will be encouraged to test for HIV and will be provided with referrals for counseling and testing at clinics in Masiphumelele, Red Hill, Ocean View, Fish Hoek, Simon's Town, Muizenberg, Seawinds and False Bay. LH's lay counselors will offer a comprehensive basket of services to people based on their HIV status. These services include South African government ARV treatment programs, clinical services, LH and other home-based care, hospice care and support groups. If an adult or youth know their status to be HIV negative they will likely be more empowered to protect their negative status through AB and partner reduction if already sexually active.

LH has developed a partnership with the City of Cape Town Clinic in Masiphumelele, Red Hill, Ocean View, Fish Hoek, Simon's Town, Muizenberg, Seawinds and at False Bay Hospital where LH's lay counselors conduct pre- and post-test counseling for CT clients with clinic staff conducting the rapid-tests. The client is also offered a comprehensive list of services for follow-up care or support. Full information on correct and consistent condom use will be provided to youth at risk and adults. For individuals who test positive, the program will provide referrals to support groups to encourage positive living and will ensure treatment access.

FY 2008 funds will be used to expand the HIV prevention programs by using social workers to help needy children and their families. The communities where the prevention program is active have high rates of unemployment and drug and alcohol abuse coupled with little or no access to social assistance. LH will seek to fill this social service gap by providing at least one social worker for the prevention program to help link needy families with appropriate government or non-government social services. The social worker will also help in conflict resolution and linking vulnerable or abused children with the appropriate authorities. The prevention program will also network with other area service providers in the area to help coordinate needs with service delivery which will help reduce overlap and redundancy.

Integrating social services into the prevention program will help to strengthen LH's family-centered approach and enable LH to work with all family members and referring them to the basket of services available to them in the community in terms of HIV prevention and care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7537

Related Activity: 13994, 14252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23096	3024.23096.09	U.S. Agency for International Development	Living Hope	9898	481.09		$313,670
7537	3024.07	U.S. Agency for International Development	Living Hope	4456	481.07		$400,000
3024	3024.06	U.S. Agency for International Development	Living Hope	2675	481.06		$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13994	3025.08	6679	481.08		Living Hope	$325,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$102,580

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,800	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	80	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4630.08	**Mechanism:**	N/A
Prime Partner:	Scripture Union	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	7930.08	**Planned Funds:**	$1,300,000
Activity System ID:	13807		

Activity Narrative: SUMMARY:

The Scripture Union (SU) Life Skills Program implements education and training activities focusing on abstinence and being faithful (AB) HIV prevention for both in- and out-of-school youth. It is values-based, volunteer driven and aims to assist in the development of sexual and life decision-making skills by youth in order to prevent HIV exposure and infection. Community church members are trained to deliver prevention messages to local youth and provide small group discussions around prevention issues. The emphasis will be on gender through discouraging violence, coercion and abuse against women and the girl child as well as respect shown for one another, regardless of gender, and human capacity building. The target populations are children, youth teachers and religious leaders. SU targets youth and children in school aged 10 - 18 years drawn from disadvantaged communities.

BACKGROUND:

SU has worked with youth in South Africa since 1924. The Sakhulutsha, SU's HIV and AIDS Life Skills Program, started in 1992 and is ongoing. The South African National Department of Health (NDOH) and Department of Education have funded SU's program for the past ten years, and since 2005, PEPFAR co – funded SU through a NDOH cooperative agreement. In FY 2007 SU became a prime PEPFAR partner. Using PEPFR funding SU has established youth programs in five South African provinces (Gauteng, Eastern Cape, KwaZulu-Natal, Mpumalanga and Western Cape). In FY 2008, SU will expand geographically to the Northern Cape Province to fill a need in one of South Africa's underserved areas.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Small Groups in School

SU will implement a peer education program to target youth in their formative years and equip them with skills to help them learn more about each other and discuss issues of love, respect and equality. These skills will help youth to make informed decisions about sexual activity and avoid HIV infection. The HIV prevention programs are run with in- and out-of-school youth, and consist of 12 modules presented over 12 weeks. The program uses a small group model, and trained volunteers from the community will run these programs. The ratio of 10:1, the ideal small group model, is maintained.

ACTIVITY 2: Breakaway Workshops

SU believes that societal norms and behavior change must be examined in order to address the challenges of HIV and AIDS in a proper way. SU uses single gender camps and discussions in classrooms (through the participation of school principals) to help young people to view each other as equals and to develop respect for one another, regardless of gender. Life skills training and a holistic learning experience which enhances HIV and AIDS education programs will also be implemented. Topics to be covered will include male norms and behaviors as well as gender roles and equity to discourage discrimination, violence, coercion and abuse against women and the girl child. SU will also run activities at eight camp-sites using the same small group model, but the full course in these programs will be completed over a period of three to five days. Trust is built up between group leaders and participants and this ensures open and effective dialogue. The single sex approach allows SU staff to focus on gender specific issues -- particularly those relating to girls - and topics include abstinence skills and the power to say no. Participants will be encouraged to access voluntary counseling and testing (VCT) sites so that they can know their status and plan for their future.

ACTIVITY 3: Youth Development Programs

SU Youth Development Programs (holiday clubs) are run during school holidays when youth are most likely to be bored, and this may lead to vulnerability and engagement in unsafe sexual behavior. The holiday clubs will be run in community centers and in church and school halls. Life skills activities will be presented to youth to facilitate sustained HIV prevention and to encourage youth to learn their HIV status by getting tested so that they can plan for their future. SU encourages youth to be compassionate and also to volunteer in their communities and be involved in the response to the HIV epidemic. Programs will be run by trained community members who are familiar with local customs and social norms, and so will be ideally placed to gain the trust of the members of the community.

ACTIVITY 4: HIV Prevention Programs

SU will conduct and expand leadership training for community leaders, and in particular, for pastors, so that they can support and lead HIV prevention programs for both in- and out-of-school youth. Volunteers will be trained using an HIV and AIDS education program that has been tested for effectiveness by SU using qualitative methods. Using the 12-module life skills program, volunteers will be equipped to lead small group discussions with youth about AB-based prevention of HIV which includes abstinence for 10-14 year olds, encourage delayed sexual debut and secondary abstinence for those who have started sexual activity and reduction of sexual partners and CT for youth at risk. This project will establish sustained relationships between the community leaders/pastors and the youth because the leaders and volunteers are community-based. Community workers will also focus on empowering and training female leaders to run youth development programs, and development of more female leaders will ensure that the needs of girls within the community are met.

ACTIVITY 5: Course/Camp Combination Intervention

In FY 2008, SU will introduce a new type of activity, namely a course/camp combination. This will allow the benefits of both types of venues to be combined for excellent synergy. SU will be running l 78 course/camps to maximize the impact of prevention messages and reinforce healthy behavior. The course/camp combo is a hybrid of six modules run over six weeks at schools with the balance of the modules run over two days at a camp site. Sustainability is achieved through development of well-trained youth leaders and peer educators. Scripture Union will continue to develop their funding base to expand AB prevention programs to disadvantaged communities in South Africa.

SU will reach a significant number of youth and children with behavior changing messages. The results will

Activity Narrative: contribute towards PEPFAR goal of preventing seven million infections by 2010. These results will also contribute to the South African response to preventing HIV infection among young people especially young girls.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7930

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22900	7930.22900.09	HHS/Centers for Disease Control & Prevention	Scripture Union	9823	4630.09		$1,135,958
7930	7930.07	HHS/Centers for Disease Control & Prevention	Scripture Union	4630	4630.07	New APS 2006	$950,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	33,150	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	780	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 479.08

Mechanism: N/A

Prime Partner: Humana People to People in South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3020.08

Planned Funds: $1,267,000

Activity System ID: 13976

Activity Narrative: SUMMARY:

Humana People to People (Humana) implements a comprehensive, integrated ABC HIV prevention program called Total Control of the Epidemic (TCE).TCE trains community members as Field Officers (FOs) to utilize a person-to-person campaign to reach every single household within target areas with AB messages, with the objective of changing community norms and individual behaviors. The emphasis of the prevention program is gender, human capacity building and a TB wraparound. Target populations are adolescents and adults and teachers.

BACKGROUND:

TCE was launched by Humana in 2000 in Zimbabwe. The program has been implemented in eight countries in Southern Africa reaching a population of five million people. Humana has received PEPFAR since July 2005. By August 2007, Humana had implemented five TCE areas in the Mpumalanga and Limpopo provinces. Humana works in partnership with the South African Government (SAG) and local municipalities. In the first year of implementation, 200 community members were trained as Field Officers (FOs) and prevention services had been provided to about 60% of the targeted community members. During FY 2006, follow-up visits were made to develop individual risk management plans with household members. FOs mobilized whole communities to address stigma and discrimination associated with HIV and AIDS and raised awareness related to HIV preventive behaviors. TCE tracks service provision by gender and has developed strategies to reach men over and above those already reached with AB messages. FOs also promotes gender equity during their home-visits, by empowering both males and females with gender-specific knowledge about protecting themselves and their families. TCE has trained community volunteers called Passionates that are responsible for establishing vegetable gardens, running children and youth clubs, and offering care and support to orphans and people living with HIV (PLHIV). Since FY 2005, the Mopani and Ehlanzeni District Municipalities have been major partners, contributing over $140,000 per year to the program. The program has received several awards, including the 2003 Stars of Africa Award (in partnership with Johnson & Johnson) for best Corporate Social Investment Program in Health and HIV and AIDS in South Africa. TCE also expects to scale up its coverage with funding from Global Fund via the South African National AIDS Council (SANAC) in 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Household-based Person-by-Person Campaign

The TCE program uses a person-to-person campaign over three years to reach every household with information about HIV and AIDS within the targeted areas. Each FO is allocated a field of 2,000 people (approximately 485 households). Households are visited at least three times over a three-year period and receive targeted prevention messages emphasizing age-appropriate abstinence and faithfulness (AB) with the objective of changing community sexual norms and addressing issues of multiple concurrent partnership and cross-generational sex. FOs visit households and engage individuals in discussions about HIV and AIDS and preventive behavior. FOs also provide information about government services such as counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), TB and sexually transmitted infections (STI) services, social grants and home-based care and refer those in need. FOs also refer people with symptoms of AIDS-related conditions directly to public health clinics for CD4 testing, HIV clinical staging, and treatment of opportunistic infections. A tool called Perpendicular Estimate System (PES), has been developed and tailored to measure the impact of the program in the target areas. PES consists of a set of questions and demands to the individual in order to be TCE-compliant, which means being in control of HIV and AIDS in one's life. During the second and third year of the program, community members interact with their TCE FOs on an individual basis to make a PES-plan, which minimizes their risk of being infected and makes them live responsibly and positively if infected. Further, the program has a series of targeted interventions to reach schools, including teachers, youth in after school clubs, and health workers on HIV and AIDS awareness and AB prevention. TCE organizes workshops for local leaders, traditional healers, and community-based organizations, to explain TCE and promote HIV awareness and prevention. In FY 2008, six new TCE areas will be started (including four TCE areas completed in 2007 that will be replaced and an additional two TCE areas) bringing the total number of areas under PEPFAR to 10. These areas are selected with regard to relationships that Humana already has with certain communities, relationships with the health districts involved, the reach of other NGOs in the areas, and the need presented by the communities. Some of the lessons learned in the previous years will be used to strengthen the program including the refinement of PES, improved counseling for behavior change, and the intensification of in-service training of the FOs. The continuation of the counseling and testing (started in FY 2005) and palliative care programs (started in FY 2007) are expected to have an influence on the effectiveness of the AB campaign. The counseling, antiretroviral (ARV) adherence program, and the direct observed therapy (TRIO) under palliative care will support the ARV program of the South African Government (SAG).

ACTIVITY 2: Human Capacity Building:

Using FY 2008 funding FOs will receive training on promoting AB messages through the implementation of door-to-door campaigns and other targeted interventions. FOs will receive ongoing in-training, through weekly meetings. FOs will be trained as lay-counselors in year one and graduate to educators in the subsequent year. The training is based on experiences gathered in the field. TCE makes use of its own material, and educational material developed by other organizations and the SAG. All programming is in line with the SAG national prevention strategy. Passionates are trained in HIV and AIDS and in communication and facilitation skills, such as running youth clubs.

ACTIVITY 3: Linkages and Networking

TCE's activities ensure that individuals receive appropriate care. The establishment of linkages and networking activity was initiated in FY 2006 and will continue in FY 2008. A key strategy of the prevention program is the promotion of counseling and testing (CT). TCE works in partnership with South African organizations like LoveLife, to provide CT services to the sites. All households receive messages on the benefits of CT. Referrals to CT are provided during home visits. TCE also collaborates with other PEPFAR partners and SAG hospitals, to ensure that referrals to treatment, care and support services are made. TCE

Activity Narrative: maintains a strong partnership with the TB sub-directorate in the Ehlanzeni and Mopani districts. FOs are trained to raise awareness about TB in the context of HIV, make referrals to clinics and collect sputum. TCE works with public clinics to ensure that pregnant women have access to antenatal services and PMTCT. TCE also ensures cooperation with SAG including the Department of Social Development to ensure that OVC and PLHIV identified through household visits are able to access social security and with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education on importance of abstinence and delaying sexual debut for the youth aged 10-14, who have not started with sexual activity; and secondary abstinence and reduction on the number of sexual partners using the be faithful prevention component.

ACTIVITY 4: Monitoring and Evaluation

TCE has developed a range of systems to measure the impact of the program. Before starting in a new area, TCE carries out a baseline survey collecting information about knowledge, attitudes and practices in the area. After implementation, each FO maintains a household register, which keeps basic information about the household and provides a continuous source of data to evaluate the progress of the program. Specific information that is collected includes number of people tested, number of OVC, and pregnant women referred to PMTCT and STI services. The PES tool described under Activity 1 provides data that is used to track community behavior change. This data provides information on individual behavior change in the target area. Throughout the program, the FOs and TCE Management meet on a weekly and monthly basis to evaluate the progress of the program. The meetings monitor progress in achieving targets and deliberate on the challenges faced in the field. Quarterly, TCE management meet with staff at the TCE Regional Headquarters in Zimbabwe to further evaluate the progress of the program and develop activities in order to increase impact in people reached with prevention messages within the community.

These activities will contribute to the 2-7-10 PEPFAR goals of averting seven million new infections by increased knowledge and skills among community members in HIV prevention; reduced stigma; improved gender equity in access to information and services; increased knowledge about services (PMTCT and CT); strengthened linkages between other organizations in the area and government services; increased number of people knowing their HIV status; and increased mobilization and capacity among community members and local leaders to deliver prevention messages and offer care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7624

Related Activity: 13977, 13978, 13979, 13717, 16087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23164	3020.23164.09	U.S. Agency for International Development	Humana People to People in South Africa	9928	479.09		$1,230,136
7624	3020.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		$700,000
3020	3020.06	U.S. Agency for International Development	Humana People to People in South Africa	2673	479.06		$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
13977	7884.08	6672	479.08		Humana People to People in South Africa	$430,500
13978	7885.08	6672	479.08		Humana People to People in South Africa	$339,500
13979	3021.08	6672	479.08		Humana People to People in South Africa	$582,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	550,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	200,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,500	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1401.08	**Mechanism:**	Management 1
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	12255.08	**Planned Funds:**	$194,000
Activity System ID:	13914		

Activity Narrative: These funds will support the on-going costs of a prevention advisor recruited through the centrally-managed agreement with the Global Health Fellowship Program. The budget includes salaries, benefits, travel and housing. See the USAID Management and Staffing narrative for more information (activity ID 3120.08).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12255

Related Activity: 13915, 13918, 14490, 14488, 14489, 14491, 13916, 13917

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22775	12255.22775.09	U.S. Agency for International Development	US Agency for International Development	9793	1401.09	Management 1	$0
12255	12255.07	U.S. Agency for International Development	US Agency for International Development	4500	1401.07	Management 1	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2803.08

Mechanism: N/A

Prime Partner: Hope Worldwide South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3302.08

Planned Funds: $1,455,000

Activity System ID: 13959

Activity Narrative: SUMMARY:

HOPE worldwide South Africa (HWSA) will continue activities in abstinence and being faithful (AB) to support the expansion of a comprehensive HIV prevention program through a skills-based, gender-focused program for young boys and men and the promotion of AB messages for young people within designated communities.

The activity targets children and youth (both in- and out-of-school), adults, parents, teachers, religious and community leaders, mobile populations and non-governmental organizations (NGOs). The emphasis areas for the project are gender addressing male norms and behaviors, reducing violence and coercion and human capacity development. The target populations are adolescents and adults.

BACKGROUND:

The FY 2008 funded activities are part of an ongoing HIV prevention program of HWSA, funded by PEPFAR since 2003. HWSA will continue its programs in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape provinces to promote and strengthen abstinence and faithfulness prevention behaviors within its community outreach efforts that include communities of faith. With FY 2008 funding, HWSA will expand to new areas, and in particular to peri-urban and rural areas in South Africa, where the HIV prevalence is high. HWSA has reached 300,000 individuals with A and AB messages through 32 faith-based organizations (FBOs) and 73 schools, and other community-based awareness campaigns in 26 clinics and hospitals through support groups. The HWSA prevention program is aligned to the South African Government's (SAG) prevention strategy in its promotion of abstinence, fidelity and the correct and consistent use of condoms (ABC) for sexually active youth at risk and older youth.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: AB Community Outreach

HWSA's AB program follows a standard Peer Educator model of training small groups of change agents, through age-appropriate activities, to impact their immediate and broader communities. The first part of the activity entails the establishment of an abstinence-based program for youth aged 10-14 years who have not initiated sexual activity. The program educates children on the basic facts about HIV prevention and AIDS, addresses stigma and discrimination and how to avoid and report abuse. The second part of the activity will be targeted at the 15-24 year old age group and will establish an abstinence and fidelity-based approach (AB) focusing on HIV prevention messages and AIDS awareness, the importance of abstinence in reducing the transmission of HIV, the importance of delaying sexual activity until marriage, the development of skills for practicing abstinence, and where appropriate secondary abstinence, personal self-esteem, the reduction in the number of sexual partners, the importance of mutual faithfulness in reducing HIV transmission, dangers of alcohol and substance abuse and the importance of HIV counseling and testing. The activity will reach youth through school programs, faith-based organizations, recreational activities, health care services and the workplace. HWSA will expand its services to new areas and focus on improving the quality of the services offered based on lessons learned using PEPFAR funding. Key areas to be addressed include the need to incorporate components on culture and personal leadership into the AB program

The HWSA program will also target out-of-school youth through youth clubs, community-based organizations and sports groups. HWSA will provide full information regarding the correct and consistent use of condoms and refer youth at risk of HIV infection to condom outlets and health facilities where necessary as a way to reduce the risk of HIV infection for those who engage in risky behaviors. This element of the program will be closely linked to HWSA's OP activity.

ACTIVITY 2: Men as Partners (MAP)

HWSA's MAP program is part of the national Men as Partners network initiated by Engender Health. The MAP program creates community commitment and involvement in the reduction of violence against women and children, community interventions that will challenge male norms and behavior about masculinity, early sexual activity, multiple sexual partners and transactional sex for boys and men and will establish new norms. FY 2008 funding will support school-based violence prevention programs, promote abstinence and the development of skills for practicing abstinence and skills training for peer educators to promote HIV counseling and testing. The MAP program will continue to build its public-private partnerships (with Coca Cola, South African Airways and the National Department of Arts and Culture), which provide corporate funding for workplace MAP workshops and awareness activities in the communities adjacent to these companies. The MAP program will be modified to be age-appropriate for school children and older youth reached by the school-based program. MAP project will focus on educating both young and older men to respect and protect the rights of women and girl children. Lessons learned through program implementation indicate the need for as a greater emphasis on gender issues in particular the vulnerability of girls and young women and discourage sexual abuse, violence and coercion of women and girl children.

The activity will target young men aged 15-24 years and their communities. PEPFAR funding will be used to maintain current staff of three coordinators, and eight peer educators.

ACTIVITY 3: Parent Empowerment

HWSA will scale up its Parent Empowerment program with FY 2008 funding. This activity started in FY 2006 and has been progressively scaled up in FY 2007. The need to scale up this activity and to empower and capacitate parents, caregivers and guardians with skills to interact with children and youth about sexuality and to create an enabling environment for AB messages has become increasingly evident over the last program year. The scaling up of this activity will involve more sessions on personal growth; enhance self awareness, personal values, and parenting skills. In addition much of the focus will be placed on creating spaces where both youth and parents/caregivers are able to interact. Camps, child-parent days and joint campaigns of youth Community Action Teams (CATs) and parent CATs will form a key part of this component of the activity. Target audiences for this activity include parents of youth involved in the A activities, members of FBOs and adults from the communities at large. The activity will also be linked to the OVC program with a focus on empowering parents and guardians in vulnerable households and working

Activity Narrative: with granny-headed households. The practice and role-modeling of fidelity or partner reduction that forms a part of the parenting activity will contribute to the number of beneficiaries reached through the indicator for number reached with community outreach HIV prevention promoting AB. This activity will build on work done with FBO networks and school governing bodies in FY 2007.

ACTIVITY 4: Sub-grant to Gateway for AB Prevention for In-school Youth

HWSA's new partnership with Gateway, an NGO working in rural communities of South Africa, will assist in scaling up AB activities in areas where HWSA does not currently operate. As Gateway works predominantly in schools with in-school youth, these activities will focus on including AB peer education, AB MAP activities and the mobilization of Community Action Teams. The program will be expanded to new areas in Limpopo Province (Musina, Duiwelskloof, Makhado, Lephalale, Modimolle, Bela-Bela, Vaalwater), North West (Klerksdorp), Free State (Riebeekstad, Kroonstad, Welkom, Odendaalsrus, Ventersburg), KwaZulu-Natal (Utrecht, Newcastle), Mpumalanga (Volksrust) and Northern Cape (Kimberly and Douglas). These provinces have a high HIV prevalence according to the Human Sciences Research Council (HSRC) research study. This strategic partnership will enable HWSA to expand its capacity to work in additional areas through providing human resources and utilizing Gateway's established links and track record in the new communities. HWSA will train Gateway staff on its Peer Education, AB and MAP curricula and provide mentoring and coaching on a regular basis. This partnership will build on Gateway's success for 2006 in which 338,464 individuals were reached. Gateway's work with youth has been funded by SAG grants and other corporate sponsors.

These HWSA activities will contribute to the PEPFAR objectives of averting 7 million infections, and support the USG PEPFAR Five-Year Strategy for South Africa by improving AB HIV prevention behaviors among youth and adults.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7607

Related Activity: 13966, 13960, 13961, 13967, 13962, 13963, 14252

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23150	3302.23150.09	U.S. Agency for International Development	Hope Worldwide South Africa	9925	2803.09		$681,332
7607	3302.07	U.S. Agency for International Development	Hope Worldwide South Africa	4485	2803.07		$900,000
3302	3302.06	U.S. Agency for International Development	Hope Worldwide South Africa	2803	2803.06		$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	575,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	230,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 216.08

Mechanism: ACQUIRE

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 2919.08

Planned Funds: $690,000

Activity System ID: 13775

Activity Narrative: SUMMARY:

EngenderHealth's Men as Partners (MAP) Program works to reduce the spread and impact of HIV and gender-based violence by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women, pursuing multiple sexual partners, and participating in other risk behaviors. The MAP program utilizes a range of strategies with focus on human and organizational capacity building through skills-building workshops, community mobilization, health service provider training, media advocacy, and public policy advocacy. The target population includes men and boys, in- and out-of-school youth, university students, adults, people living with HIV, caregivers, immigrants/migrants, community and religious leaders, program managers, public healthcare providers, CBOs, FBOs and NGOs.

BACKGROUND:

Since 1998, EngenderHealth received USG funding to support CBOs, FBOs and the South African government to implement the MAP program. EngenderHealth conducts skills-building workshops on gender norm transformation. Through these workshops, MAP develops "transformation agents" (peer educators) who then spread AB messages and skills to others in their communities. These workshops aim at motivating men to know their HIV status and take action if they test positive. MAP encourages men to participate in their communities and to challenge other men who are practicing high-risk behaviors and gender-based violence. MAP recognizes that this transformation will assist men and women in achieving low-risk behaviors such as sexual abstinence, being faithful to one partner, and treating women as equals. MAP works with individual men and boys, their partners, as well as community structures to influence culture and transform lives. Working through various community-based partners, MAP also mobilizes communities to take action via community education events and the formation of "community action teams" (CATs). EngenderHealth MAP also produces information, education and communication (IEC) materials that motivate men and boys to confront harmful gender norms. Currently, EngenderHealth is running the "I am a Partner campaign" focusing on defining what men can do to take action and be more gender equitable to reduce the spread and impact of HIV (www.iamapartner.org). Finally, EngenderHealth staff coordinates provincial MAP Networks, creating a space for gender activists to share best practices and formulating a platform to participate in the development and adoption of the HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011. In response to demand, EngenderHealth developed additional programming linked to palliative care, and voluntary counseling and testing.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Tertiary Institution Programs

EngenderHealth will continue to build the capacity of tertiary institution's peer education programs to integrate AB messages into gender norm transformation programming on HIV. EngenderHealth will work with five institutions in the Western Cape (UCT, CPUT/Bellville, CPUT/Cape Town, UWC, and Stellenbosch University) and with least three institutions outside of the Western Cape. At least five staff and student "transformation agents" from each of the institutions will be trained on a quarterly basis. The communications skills of the "transformation agents" will be developed so that they are able to reach students on campus and learners in local communities with AB messages. Issues such as gender norms, multiple partnerships, cross-generational sex, communication issues, and alcohol abuse, as well as consistent and correct use of condoms and referral to condom service sites will be addressed. EngenderHealth staff will provide ongoing on-site and telephonic assistance on a range of management and content issues. EngenderHealth recognizes the power of working with such institutions and the sustainable benefits of building such capacity.

ACTIVITY 2: School/Community Action for Gender Equality (S-CAGE) based Program

EngenderHealth will continue to capacitate at least four NGOs working in school-based settings by focusing on the integration of AB messages into MAP programming on gender norm transformation and HIV. This programming will take place in communities where the drivers of the epidemic have been identified, i.e. in Gauteng (Diepsloot, Vaal, Hillbrow/Yeoville/Berea and Soweto), North West, and KwaZulu-Natal (KZN). EngenderHealth will work with another PEPFAR partner, Mpilonhle, in KZN –to build a gender component to their pre-existing work in schools and communities. EngenderHealth will work directly with school personnel and student leaders to develop their capacity to link AB-related MAP messaging and programming into the school curriculum via life orientation programs. Similar trainings will be conducted each quarter and course content will be tailored to meet the needs of each community-based partner. Typically, 20 to 30 participants will be trained over a period of four to five days. In addition, capacity-building assistance, in the the form of individual on-site and telephonic sessions will be offered to all partners. EngenderHealth will solicit funds from other development partners, and private sector entities to assist with this program. Potential and existing public-private partnerships include those with the Ford Foundation (secured for North West province); De Beers Mining Company (secured for KZN); and Anglo American Mining Company (pending for KZN).

ACTIVITY 3: Community Capacity-building Program

EngenderHealth will continue building the capacity of at least four NGOs, CBOs, FBOs, and private sector partners on AB messages and gender norms. EngenderHealth will partner with groups based in strategic communities within Gauteng (Diepsloot, Vaal, Hillbrow, Yeoville, Berea, and Soweto), North West, KwaZulu -Natal, and Western Cape provinces. In addition, private sector organizations will be approached for cost sharing options. Trainings will be conducted each quarter and course content will be tailored to meet the needs of each community-based partner. Typically, 20 to 30 participants will be trained over a period of four to five days. EngenderHealth will be available to provide individual support to partners via on-site and telephonic sessions.

ACTIVITY 4: Government/Other Key Stakeholder Program

EngenderHealth will continue building sustainable partnerships with national and provincial government agencies. In FY 2008, these institutions may include South African Police Services (SAPS), Department of Correctional Services, Department of Social Development and Department of Health. EngenderHealth plans

Activity Narrative: to work with the SAPS, building capacity of individual precincts youth desks to implement MAP programming in their communities, maintaining community action teams (CATs) to mobilize men (including policemen). Cost sharing options will be explored to gain financial support from government institutions. Training and support, as described above, will be offered on a quarterly basis to partners.

ACTIVITY 5: Clinical/Community Outreach Program

EngenderHealth will continue to reach out to men in various settings, including street outreach and in clinical settings. Typically, this program will reach over 250 men (and their partners) per month via formal and informal talks at clinics and on the streets/parks nearby. These talks will focus on helping men recognize the importance of having only one partner. EngenderHealth will target services in Gauteng, specifically in Diepsloot, Vaal, Hillbrow, Yeoville, Berea, and Soweto. In the Western Cape, EngenderHealth will work with its partners at tertiary institutions to conduct talks in clinics. Programs will also reach out to youth in surrounding communities. This will focus on abstinence messaging for learners aged 10-14 and on encouraging secondary abstinence for older youth aged 15-24 years old.

ACTIVITY 6: MAP Network:

EngenderHealth will continue to support the MAP Network on information exchange and advocacy. EngenderHealth will host monthly meetings bringing together prime partners (typically about 20-30 members), to exchange experiences and to enhance programming. On a quarterly basis, additional key stakeholders representing other NGOs, CBOs, government and general activists will gather to discuss issues, exchange information and develop an advocacy platform on public policies relating to gender-norm transformation, HIV and AB messages. EngenderHealth's advocacy program will then take these issues forward at the national and local levels.

ACTIVITY 7: National Campaigns:

EngenderHealth will continue to promote AB messages through gender norm transformation via national campaigns. Priorities will be placed on implementing the annual National MAP Week (held in March/April), which motivate EngenderHealth partners to host community events which raise the profile of MAP's AB messages. Working through national campaigns, such as annual MAP Week, EngenderHealth engages private sector, media and government partners to increase the effectiveness of MAP. Activities may include community marches and rallies, sports days, men's meetings, intergenerational dialogues to address cross-generational sexual relationships, school debates, and mass media appearances. In addition, EngenderHealth MAP staff will collaborate with other NGOs and government institutions to assist in organizing and promoting additional campaigns, including 16 Days of Activism on Violence against Women, Youth Month, and Men's Health Month. BCC materials (based on EngenderHealth's “I am a Partner Campaign”) will be used to motivate men to rethink gender equality and challenge other men to do so as well. Finally, throughout the year, EngenderHealth will collaborate with various media partners to spread MAP-AB messages via mass media channels.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7566

Related Activity: 13776, 13777, 13778, 14026

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22768	2919.22768.09	U.S. Agency for International Development	Engender Health	9791	216.09	RESPOND	$569,436
7566	2919.07	U.S. Agency for International Development	Engender Health	4469	216.07		$600,000
2919	2919.06	U.S. Agency for International Development	Engender Health	2629	216.06		$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
13776	2920.08	6604	216.08	ACQUIRE	Engender Health	$520,000
13777	12371.08	6604	216.08	ACQUIRE	Engender Health	$325,000
13778	7983.08	6604	216.08	ACQUIRE	Engender Health	$290,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	35,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,200	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Limpopo (Northern)

North-West

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 519.08

Mechanism: N/A

Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3067.08

Planned Funds: $100,000

Activity System ID: 13852

Activity Narrative: SUMMARY:

The University of KwaZulu-Natal (UKZN) Nelson Mandela School of Medicine (NMSM) uses PEPFAR funds to work closely with the KwaZulu-Natal (KZN) and Ethekwini Traditional Health Practitioner Councils, to tease-out, refine and outline culturally appropriate and effective behavior change messages focused on preventing the spread of HIV through abstinence and being faithful in relationships. The emphasis areas local and human capacity building. The target population is the general population which includes children, youth and adults.

BACKGROUND:

UKZN has an ongoing collaboration with associations of traditional health practitioners (THPs) in urban, peri -urban and rural areas of Ethekwini District, KZN. THPs are influential and are a largely untapped resource in HIV prevention and mitigation on the community level. THPs ascribe to and uphold traditional African cultural values, including conservative attitudes toward sexual practices and abstinence that make them natural partners in this effort. These values are a set of social and community norms that support delaying sex until marriage and that denounce coerced sexual activity among married and unmarried individuals and promote mutual monogamy. This THP cultural perspective has not been reinforced, nor has it been included in public abstinence and being faithful (AB) campaigns in KZN. THP is often the first counselor sought for married couples who wish to discuss issues related to marital relationships and couples counseling on HIV and AIDS. Given the position the THPs hold in their social networks, working with the THPs holds great promise for enhancing the uptake of a culturally appropriate version of the AB message. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KZN and Ethekwini Traditional Health Practitioner Councils, with the eThekwini Health Unit, and the eThekwini District Health Office of the KZN Department of Health.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Promotion of AB Messages

It is widely acknowledged among health professionals in KZN that the Abstinence, Be Faithful and correct and consistent use of Condoms (ABC) messages are not having enough effect in this local cultural context. This project trains and mobilizes THPs in KZN so that they will be effective promoters of HIV prevention messages and strategies, including AB-focused behavior change messages. NMSM is adapting Abstinence/Be Faithful messages to the cultural and healing contexts in KZN to inform and communicate effective behavior change messages. NMSM is also developing prevention messages together with the THPs and incorporating these messages into training workshops on an ongoing basis. NNSM is also developing new prevention message formats for posters, pamphlets, instructional medical comic books, and medical animations for training and for distribution to the THPs to use with their patients. These messages are developed in Zulu and English, though they will be distributed primarily in Zulu. This project has also been developing dramatic presentations that are used in the training workshops to deliver prevention messages. These have been designed by the senior THPs on the project team and are embedded in Zulu cultural practice. The prevention messages are developed jointly with the THP team members so that they are culturally embedded and effective. Discussions with senior traditional healers on the PEPFAR-funded team indicate they have a variety of interesting, potentially effective suggestions for ways to deliver modified and improved prevention messages to the community that go beyond the confines of the traditional healer practice sites. Using FY 2008 funding the following activities will take place:

(1) NMSM will call ongoing assessment workshops (usually one day) with the THPs to discuss the program and assess the effectiveness of the prevention messages and materials for use in their practice.

(2) NMSM will continually assess the level of absorption and understanding (among the THPs) of the basic scientific information underlying the rationale of the need for prevention activities, particularly in the value of abstinence in preventing infection.

(3) The School will continually investigate and assess the value of partner reduction and faithfulness to one partner, and the effectiveness of faithfulness if the other partner is not also being faithful (particularly relevant in marriage situations).

(4) NMSM will facilitate meeting with indunas and amakhosi: these are headman and chiefs of the tribal areas. Traditional healers meet with these leaders who command some authority in their communities, and work together to speak to their constituents about prevention. Target communities include townships and urban areas.

(5) The project will engaging parents. Modern mothers have often lost the knowledge of the traditional ways of protecting their daughters and helping them to be abstinent. Traditional healers trained during this program visit women's clubs and work with mothers to reintroduce these practices.

Formally integrating traditional healers into the public healthcare system is a stated objective of the National Department of Health and the prevention objectives in the South African Strategic Plan for HIV and AIDS. By expanding access to culturally and scientifically appropriate prevention messages, the Nelson Mandela School of Medicine will directly contribute to the PEPFAR goal of preventing seven million new infections. These activities also support the prevention objectives outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7422

Related Activity: 13851, 13853, 13854, 13855, 13856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22734	3067.22734.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$87,381
7422	3067.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$100,000
3067	3067.06	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	2695	519.06	Traditional Healers Project	$180,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13851	9083.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$750,000
13853	3068.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$200,000
13854	3069.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$250,000
13855	6421.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$50,000
13856	3070.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4762.08

Mechanism: N/A

Prime Partner: Ubuntu Education Fund

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 8261.08

Planned Funds: $200,000

Activity System ID: 13846

Activity Narrative: SUMMARY:

Ubuntu Education Fund's (Ubuntu) health educators provide life skills education to vulnerable children and adolescents in the townships of Port Elizabeth, a city in the Eastern Cape Province of South Africa. Ubuntu's life skills classes focus on the development of knowledge, attitudes, values and skills needed to make and act on the most appropriate and positive health-related decisions. The major emphasis areas for this activity are addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs. Specific target populations include adolescents (10-14) and (15-24).

BACKGROUND:

For the past six years, Ubuntu has provided life skills classes in over 20 primary and high schools in the Ibhayi townships of Port Elizabeth. The vast majority of the children in these schools are from high-poverty areas including informal settlements. There are high rates of sexual abuse and rape in the target area. Ubuntu has established partners with the Department of Education (DOE) and operates under Memoranda of Agreement with each school partner. Ubuntu works in close coordination with the Life Orientation Coordinator at each school and the Curriculum Development Specialist at the Nelson Mandela Bay Metropolitan Municipality's Department of Education to ensure that the life skills curriculum meets the learning and assessment objectives of the national curriculum for life orientation.

Ubuntu became a PEPFAR partner in FY 2007 and has only recently received funds.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Life Skills Education

Health educators will provide life skills education classes in primary and secondary schools reaching 8,000 children in high-poverty, high-density township communities in Port Elizabeth. Learners in grades four through eleven receive lessons from a comprehensive life skills curriculum once every five to ten days (two lessons every five days depending on school size). Discussions and role-playing promote crucial skill development, such as decision-making, withstanding peer pressure, interpersonal communication, value clarification, negotiation, goal-setting, self-assertion and accessing health services. Age-appropriate lessons focus on the development of positive attitudes related to gender equity and relationships, delaying sexual onset, delaying pregnancy, and challenging myths about HIV and AIDS. Older youth are engaged in discussions about correct and consistent condom usage, the risks of concurrent sexual partners, the risks of transactional sexual relationships, the role of substance abuse in exposure to HIV, the need to treat STIs, and the importance of knowing one's personal and partner's HIV status as an essential part of committed relationships. Ubuntu will integrate a 'Men as Partners' approach in the life skills curriculum to engage children and youth at an early age in establishing norms that reject gender-based violence.

ACTIVITY 2: Peer Education

Ubuntu’s peer education training uses a curriculum that is accredited by the Department of Education and the Sector Education and Training Authority (SETA). Semi-annually Ubuntu conducts four-day trainings targeting youth age 16-18, who are in grades ten through twelve. The training is geared to mobilize youth to facilitate support groups on basic counseling and problem solving skills, the causes and prevention of HIV, delaying the onset of sexual activity, the dangers of alcohol and drugs, sexual orientation, living positively with HIV and prevention of teen pregnancy. Ubuntu provides one training every six months and ongoing in-service trainings every fortnight. Ubuntu is currently creating baselines and follow up surveys which will be administered every six months.

ACTIVITY 3: Mobilizing Youth

Ubuntu’s peer education training is geared to mobilize youth to facilitate support groups on basic counseling and problem solving skills, the causes and prevention of HIV, delaying the onset of sexual activity, the dangers of alcohol and drugs, sexual orientation, living positively with AIDS and prevention of teen pregnancy. Ubuntu provides one training every six months and ongoing in-service trainings every fortnight. Using FY 2008 funding, Ubuntu will ensure that peer educators are trained and that they are working in their communities to mobilize youth on issues around AB messaging.

These results contribute to 2-7-10 goals by promoting knowledge and skills to prevent HIV infection in youth populations that may have an increased risk of HIV exposure.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8261

Related Activity: 13847, 13848, 13849, 13850

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22804	8261.22804.09	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	9796	4762.09		$194,181
8261	8261.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	$85,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13847	8266.08	6632	4762.08		Ubuntu Education Fund	$50,000
13848	8263.08	6632	4762.08		Ubuntu Education Fund	$75,000
13849	8272.08	6632	4762.08		Ubuntu Education Fund	$250,000
13850	8265.08	6632	4762.08		Ubuntu Education Fund	$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Eastern Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 274.08

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 2977.08

Planned Funds: $100,000

Activity System ID: 13823

Activity Narrative: SUMMARY:

The South African Department of Defence's (SADOD) activities are complementary to the other prevention and care components within the Masibambisane program (the HIV Prevention and Awareness Program of the SADOD). The focus of this abstinence and being faithful (AB) activity is the training of chaplains as trainers in the moral, values and ethics-based program, which addresses gender equity, the role of men as partners, and violence and coercion. This activity will facilitate transferring the value and ethics-based program to members of the SADOD, training chaplains in pastoral care and counseling, and providing pastoral care and counseling to HIV-infected and affected members. In addition, workshops are conducted with unit commanders to ensure buy in and to address stigma and discrimination. Mass awareness and targeted intervention programs will also address AB components of prevention. The activity has been expanded to include training of Southern African Development Community (SADC) chaplains. Specific target populations include HIV-infected pregnant women, people living with HIV (PLHIV), religious leaders and health workers as well as all other personnel within the military.

BACKGROUND:

The AB component of the Masibambisane program is an integral part of the Chaplaincy HIV program of the Department of Defence. This ensures more focused prevention messages in terms of abstinence and/or faithfulness. The program was developed with FY 2004 funding to expose all members of the SADOD to the training. In order to achieve this objective, all regular Defence Force chaplains as well as a number of Reserve Force chaplains were trained. The training was reviewed and redesigned in a three-day training program. This training will continue in order to reach the optimal number of Defence Force members.

Since 2005, all chaplains are trained in the pastoral, care and support program to enable them to render the appropriate care and support services to HIV-infected and affected individuals and families. This activity will continue to be implemented by the chaplaincy of the SADOD.

All these activities are monitored through the monitoring and evaluation (M&E) plan for Masibambisane. The M&E plan includes a focused program evaluation of the training courses. The chaplaincy will also involve Reserve Force chaplains and liaise with the broader religious community to market the training programs to civilian communities to mobilize faith-based organizations.

The chaplaincy developed both courses and trained the majority of chaplains within the SADOD. They have also trained a group of chaplains from Southern African Development Community (SADC) countries and those chaplains attended the North Atlantic Treaty Organization (NATO) chaplains' conference for the last three years. Training of Reserve Force Chaplains has resulted in the expansion of the program to civilian faith-based organizations.

The AB Program will continue with specific focus on highly vulnerable target groups such as the Military Skills Development (basic training) intake of young recruits between the age of 18 and 25 years.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

This activity will provide training to chaplains of the SADOD, SADC, and the NATO in the values- and ethics -based intervention program to empower them to facilitate HIV prevention through abstinence and being faithful. This requires updating and customization of the training curriculum and the printing of training material.

ACTIVITY 2:

The activity aims to execute the values- and ethics-based program within the SADOD as part of unit workplace programs to members of the SADOD, focusing on activities that promote abstinence; for instance, development of skills in unmarried individuals for practicing abstinence and adoption of norms that supports delaying sex until marriage and that denounce forced sexual activity among unmarried individuals. This requires the development and printing of facilitation manuals.

ACTIVITY 3:

The SADOD will support the establishment of unit workplace programs through workshops with commanders on the AB programs to ensure targeted abstinence and faithfulness interventions within units. The commanders are the chiefs of the units, they have much influence on the military personnel in their units, therefore their buy in is critical for the success of the program. The workplace program will also address stigma and discrimination.

ACTIVITY 4:

The SADOD will provide ongoing pastoral care and counseling to HIV-infected and affected individuals and families within the SADOD with the secondary aim to prevent HIV infection through interventions that focus on abstinence and faithfulness. This will ensure that the spread of HIV within the SA DOD is contained.

ACTIVITY 5:

SA DOD will conduct community outreach campaigns to address abstinence and faithfulness through media and awareness activities which includes the development and printing of information and educational material. Awareness activities are an important component of the SA DOD Abstinence and Be faithful Prevention Program targeting new recruits who are vulnerable group aged 18 – 25 years.

ACTIVITY 6:

SA DOD will assimilate innovative ways of spreading AB information through attending PEPFAR prevention partner meetings, publications in military and peer-reviewed magazines and journals and oral and poster

Activity Narrative: presentations on effective and innovative programs at conferences and seminars.

These activities will contribute to the prevention of HIV infection through increased pastoral care and counseling in the SA DOD for PLHIV and increased support to healthcare providers thus contributing to the PEPFAR goal of preventing seven million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7438

Related Activity: 13822, 13824, 13825, 13826, 13827, 13828, 13829, 13830

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22783	2977.22783.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$97,090
7438	2977.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$100,000
2977	2977.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,300	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	44	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4761.08	**Mechanism:**	N/A
Prime Partner:	Training Institute for Primary Health Care	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8267.08	**Planned Funds:**	$200,000
Activity System ID:	13843		

Activity Narrative: SUMMARY:

The Training Institute for Primary Health Care (TIPHC) prevention program provides HIV and AIDS information and education to underserved populations in townships, informal settlements, rural areas and mining communities. The program emphasis areas are training workshops, community mobilization and participation and capacity building of local organizations to promote HIV prevention and behavior change. The target populations are in-school youth, out-of-school young people, adult men and women, mineworkers, people living with HIV and local community leaders like school teachers, religious leaders, traditional healers and ward councilors. PEPFAR funding is used for abstinence messages for youth and young people and for AB messages targeting sexually-active populations.

BACKGROUND:

TIPHC is a South African registered non-profit organization which has been in operation since April 1994. It has a long history of implementing HIV and AIDS information, education, home care and support programs in Emalahleni Municipality, a local authority of Mpumalanga Province. TIPHC is a key partner to the national and provincial government's HIV and AIDS AB initiative which is a component of the South African AIDS Prevention, Management and Treatment framework. The prevention program is aligned with the South African Government (SAG) policy of promoting equitable access to HIV and AIDS health services particularly for vulnerable groups such as women and youth. Since inception, TIPHC has grown and gained the confidence of both the provincial and national Departments of Health who have funded the bulk of its prevention and care activities. Through PEPFAR partnership, TIPHC intends to intensify and expand its community outreach with HIV prevention messages in partnership with two sub-partners. The outreach initiative will target teachers and learners in senior primary and high schools. Teachers and class leaders will be trained as peer educators and counselors for learners. Community target groups will include out-of-school youth (in sports clubs, music and drama groups and church choir) and members of women's groups, stokvels (savings clubs), burial societies and shop stewards of mineworkers unions.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training Leaders on HIV and AIDS

Training workshops will be held with leaders of selected schools, churches and community groups. TIPHC will train the leaders of these groups and support them in organizing and facilitating HIV education information and life skills workshops for their group members. In this aspect, TIPHC will coordinate the workshops for leaders. Accredited service providers will be contracted to deliver workshops. Trained leaders will in turn deliver information and skills workshops to learners and community groups. TIPHC will assist the leaders with workshop organization and supply of approved curriculum materials. The main program objective is to influence behavior change of encouraging abstinence, delaying the first encounter of sexual intercourse and promoting faithfulness among sexual partners. Messages are age specific according to the PEPFAR guidance on AB. The curricula will incorporate gender bias issues like cultural norms of women's and men's behaviors and inequalities between men and women that increase the vulnerability to and impact of HIV and AIDS. Encouraging gender equity and reducing gender-based violence coercion, stigma and discrimination will be integral to the key outputs. More importantly, focus will be on enhancing life skills for instilling a value system of respect, integrity, responsibility, fairness, and constructive decision making. As part of the sustainability plan, TIPHC trains trainers from among the leadership groups such as teachers, church pastors, traditional healers, youth peer educators and counselors and union leaders. This is a strategy for scaling-up HIV and AIDS outreach to a broader target population. These leaders command substantial influence in the community and have the ability to reach large audiences easily. Leaders to be trained as trainers will be identified and selected during training workshops and sent for train the trainer courses.

ACTIVITY 2: Training of Other Community Groups

Among the adult population, there are mine workers and taxi drivers that require particular strategies for reaching them with AB messages. This is a critical group because they also engage in cross-generational sex. Traditional healers are also a target group. Educational workshops for these target groups will address issues of gender equity, cultural norms and behavior change.

ACTIVITY 3: Community Mobilization and Participation

A door-to-door campaign whereby caregivers talk to families about HIV and AIDS and distribute leaflets is another strategic approach for wider coverage in prevention outreach to communities. TIPHC will produce and distribute leaflets about the PEPFAR program and HIV and AIDS information materials from the national and provincial Departments of Health. In addition, all target groups will be encouraged to tune-in to monthly community radio topical discussions by two people living with HIV who will be supported with PEPFAR funding. They will also be supplied with TIPHC PEPFAR news articles printed in the local papers. These two activities do not have direct targets but they contribute towards community information and education about HIV prevention. All formal training to community leaders, trainers, peer educators and counselors will be coordinated by TIPHC but delivered by accredited service providers. TIPHC has not yet received full accreditation for its training program. It currently possesses a confirmation number for its application for accreditation by the South African Qualifications Authority (SAQA) through the Health and Welfare Sector Education and Training Authority (HWSETA). Therefore, TIPHC will liaise with accredited institutions on Health and Welfare Sector Education and Training Authority (HWSETA) database and outsource the activity. TIPHC will work closely with service providers and ensure that their curricula cover essential skills of, communication, development facilitation, leadership roles and qualities, promoting gender equity, human rights, needs assessment, activity organization and management, report writing, fund-raising, knowledge about HIV prevention. Essential training for leaders, trainers and peer educators is a five-day course followed by a two-day refresher course annually. TIPHC will in turn assist these trained facilitators with the organization and facilitation of planned training and information sessions with their group members. Support with provision of training and information materials and adaptation of curriculum will be provided. The sessions will be monthly one-day activities covering specific topics on HIV prevention. TIPHC will be responsible for quality assurance and will ensure that accredited assessors are used to evaluate the learning. A monitoring system will be instituted to capture information that will profile training participants

Activity Narrative: and record what is covered in all training activities to enable proper and accurate reporting.

This activity contributes to the PEPFAR goal of averting seven million infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8267

Related Activity: 13844, 13845, 14252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22830	8267.22830.09	U.S. Agency for International Development	Training Institute for Primary Health Care	9801	4761.09		$194,181
8267	8267.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13844	8268.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
13845	8269.08	6631	4761.08		Training Institute for Primary Health Care	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	11,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	720	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Mpumalanga

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	4747.08	**Mechanism:**	N/A
Prime Partner:	GOLD Peer Education Development Agency	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	8239.08	**Planned Funds:**	$300,000
Activity System ID:	13760		

Activity Narrative: SUMMARY:

GOLD Peer Education Development Agency (GOLD) was awarded first place in the Commonwealth Good Practice awards 2006. GOLD became a new PEPFAR partner FY 2007. FY 2008 PEPFAR funds will support the expansion of comprehensive youth prevention services to facilitate the roll-out of the GOLD Peer Education (PE) model through three components: (1) development and dissemination of PE best practice methods and materials; (2) capacity building and training of PE participants; and (3) quality assurance of implementation of the GOLD Model. The primary emphasis areas for these activities are Gender, Human Capacity Development, and Local Organization Capacity development. Specific target populations include adolescents (10-14), adolescents (15-24), adults (25 and over), orphans and vulnerable children and teachers.

BACKGROUND:

This project is part of a larger initiative which began in FY 2004. The described activities are ongoing and will be scaled-up in FY 2008. GOLD developed the GOLD PE Model. GOLD partners work with suitable community organizations to implement its model using the secondary school system and other community youth servicing sites. GOLD works in conjunction with the relevant South African Provincial Government structures. GOLD manages and provides quality assurance of the implementation of GOLD PE of its sub-partners. GOLD assists its partners to align the PE programs with the South African Government (SAG) guidelines on prevention of HIV with a focus on youth as a priority population group. The GOLD model is implemented within Western Cape (WC), KwaZulu-Natal and Mpumalanga provinces of South Africa. GOLD is being implemented in collaboration with provincial education departments (DOE) and the National Department of Health (NDOH). GOLD's sub-partners in the Western Cape (WC) are partly funded by the Global Fund via the WC DOH and the conditional grant via WC Department of Education. In other provinces sub-partners are partly funded by HopeHIV. Two of the three activities will be implemented directly by GOLD. One activity, capacity building and training of PE participants, will be implemented in collaboration with 24 youth-focused community organizations that implement the GOLD model in various sites and train the youth peer educators (PEs). These organizations are: Youth for Christ (YFC, George, Knysna, Pietermaritzburg and Nelspruit), Masoyi Home-Based Care, Wagon of Hope, Planned Parenthood Association of South Africa (PPASA), MaAfrika Tikkun, Ukuthwasa, and Institute for Social Concerns, Christian Assemblies Welfare Organization, Club Coffee Bar Community Centre, Uniting Christian Students Association, OIL Reach Out, NOAH and Sethani. Nine additional organizations will be assessed in July 2008 and selected and trained in September 2008 to recruit peer educators. Recruitment will take place in January 2009. Between 2007 and 2008, another batch of thirteen additional organizations will be selected to become GOLD implementing partners. The issues facing South African youth in HIV prevention are firmly entrenched in the social constructions of behaviors and identities and include unequal power in sexual relationships, gender-based violence and intergenerational sex. GOLD messaging is designed to look beyond awareness and reflect the complex social dynamics of HIV transmission. By reflecting these dynamics that youth face daily, the model is intelligible to youth and fosters critical awareness, transformation and long-term behavior change that increases gender equity, challenges male norms and behaviors and supports activities to strengthen sanctions against sexual violence and coercion. PEs are equipped to challenge stigma around HIV and to promote the reduction of discrimination faced by HIV affected and infected individuals. The GOLD curriculum emphasizes the message giver as a role model. Peer Educators are equipped and supported to role-model lifestyles that promote, in order: abstinence; delayed, faithful sexual debut and reduction of sexual partners amongst youth.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development and dissemination of PE best practice abstinence and be faithful methods and materials.

GOLD will refine and disseminate an interactive and context-specific resource base of GOLD PE curricula and good practice methods for use by: GOLD staff; trainers and master facilitators who use this to train peer education facilitators and program managers; PE facilitators who use this to train adolescent peer educators; Adolescent peer educators who use this to empower their peers; and program managers implementing the GOLD PE Program within secondary schools and communities who use this to help them in the implementation and management of their peer education program. The curricula focuses on social dynamics informing conceptions of gender, covering sexuality and the feminization of AIDS, to reduce the inequalities between men and women that have led to the increase of HIV and AIDS as well as challenging stigma around HIV and AIDS and addressing substance abuse and risk behavior. Ongoing refinement and development of curricula will involve human capacity development of representatives of implementing partners to provide constructive feedback on experiences and share their findings together.

ACTIVITY 2: Capacity building and training of PE participants

GOLD will train program managers and community leaders from 24 implementing organizations, as well as 660 teachers, to implement the structured three-year GOLD Model in 132 secondary schools and communities through equipping and supporting adolescent PEs. PEs are supported by implementing organizations through a structured skills training and mentoring program. GOLD will assess and provide implementing organizations with intensive capacity building to deliver the GOLD model in schools where access is given by the provincial Department of Education within youth high risk behavior sites. GOLD will equip staff of the organizations through a structured capacity building program including modular training sessions, mentorship and provision of PE resources and best practice methods. GOLD will provide training to teachers to enhance the quality and ownership of the program for long-term sustainability. Twenty four implementing organizations will train 8008 adolescent PEs within 132 secondary school sites to fulfill specific PE roles and outputs over a three year period in which they positively impact their peers. It is anticipated that gender will be impacted through both the implementation of curriculum and the GOLD program environment. Youth in the PE program will work through gender issues within a safe and enabling environment (the GOLD program) and are given room to critically analyze and challenge gender norms, working together towards gender equality. These youth will in turn support each other as they work among their peers and communities. New GOLD trainers and facilitators will be recruited based on criteria that ensure their character and skills reflect the values and practices imparted through the curriculum and program design. A planned selection of both male and female facilitators and PEs will be aligned to the

Activity Narrative: GOLD facilitator and peer educator recruitment guidelines.

ACTIVITY 3: Quality assurance around implementation of the GOLD PE Model

This activity provides quality assurance around the implementation of the GOLD Model in secondary schools via implementing organizations, PE facilitators, and adolescent PEs. This will involve: ongoing development and use of a robust information and communication technology infrastructure to (1) enable effective roll-out of the program in a way that enables ongoing monitoring and evaluation; (2) conduct bi-annual assessments of all implementing organizations; and (3) implement a comprehensive monitoring and evaluation system within all implementation sites.

The GOLD program contributes to the PEPFAR 2-7-10 goals to reduce new HIV infections among youth through: facilitating the structured promotion of safe and healthy behavior of HIV-infected and uninfected youth; improving access to services for affected youth and increasing positive youth role-modeling and advocacy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8239

Related Activity: 13717, 13761, 16087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22965	8239.22965.09	U.S. Agency for International Development	GOLD Peer Education Development Agency	9843	4747.09		$262,144
8239	8239.07	U.S. Agency for International Development	GOLD Peer Education Development Agency	4747	4747.07	New APS 2006	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
13761	8240.08	6598	4747.08		GOLD Peer Education Development Agency	$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,004	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	927	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	507.08	**Mechanism:**	N/A
Prime Partner:	Salesian Mission	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3053.08	**Planned Funds:**	$0
Activity System ID:	13802		

Activity Narrative: SUMMARY:

Life Choices is one of the implementing organizations that run the Western Cape Peer Education Program for the Departments of Education and Health. Life Choices was the first organization integrated in this program that was not funded by the Global Fund or Conditional Grants. Life Choices is also a founding member of the Western Cape Youth Peer Education Association. This association aims to provide quality standards and ensure sustainability of the provincial peer education program. The Life Choices Program aims to reach young people with a powerful abstinence and be faithful (AB) message early in their lives, and to change social norms (gender roles, violence, discrimination, etc.). The intent of the program is to reach 56,000 young people in a period of four years. Life Choices believes in providing a quality Life Skills Program combined with a structured Peer Education Program to youth that will help them to maintain or change behaviors. In order to create a supportive environment around youth, Life Choices also run programs with the stakeholders in their lives - teachers and parents. Each year Life Choices chooses different themes in order to ensure that youth aged 10 -14 delay sexual debut, older youth 15 -24 practice secondary abstinence and those who are sexually active stay faithful to one partner, know their HIV status and are given full information on consistent and correct use of condoms. Some of the themes that Life Choices uses are - 'True Love Waits,' 'Spread Love not Gossip,' 'NO, I value LIFE,' 'I am the choices I make,' among others. The emphasis area for this activity is gender and human capacity building. The target population is adolescents, teachers, religious leaders and most at risk population which will include the street youth, persons who engage in transactional sex, but who do not identify as persons in sex work and incarcerated populations.

BACKGROUND:

The Life Choices Program was launched in FY 2005 in the Western Cape with the support of PEPFAR. Three main communities were selected by the Western Cape Department of Education: Athlone, Delft and Mannenberg. The schools within these three communities are the main target for the Life Choices Program and became the base for program activities. Life Choices brought a comprehensive program that aimed to change social norms (with components on HIV and AIDS, self-worth, gender, violence, and substance abuse) to 11 high schools and 10 primary schools. Besides these three communities, Life Choices also reaches youth around Cape Town in 'Street Youth' Shelters, churches and in one correctional center. The Western Cape Departments of Health and Education coordinate the Life Choices school activities. Once a month Life Choices meets with the Government and reports back about the monthly activities and quarterly written reports are also submitted.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Trainers - Human Capacity Development

In FY 2008, 18 trainers (nine women and nine men) will be trained on an ongoing basis in order to increase the quality of their service delivery. Four major trainings will be organized during the year. These activities will build on last year's success in counseling, and parental and facilitation training skills.

ACTIVITY 2: Development of Behavior Change Communication Materials

Behavior Change Communication (BCC) materials on Abstinence, Be faithful and gender issues will be finalized and field tested in FY 2007. These materials will include pamphlets and other media, and will comprise topics related to Life Choices messages (self-worth, reproductive health, relationships, gender, violence, coercion, teen pregnancy, substance abuse, etc.). Furthermore, these materials will also need to be approved by the Western Cape Government, and teachers' and parents' associations. Once the approval has been obtained, the BCC materials will be used to reinforce the message around changing of social norms which discourages gender violence and coercion of young women and girl children and address issues of cross generational sex and multiple concurrent partnerships in an interactive way during the delivery of the program. Some of the AB and gender materials will be given to the youth for free and they will be distributed by Life Choices facilitators, Peer Educators, teachers and church leaders.

ACTIVITY 3: Delivery of the Program to the Salesian -Based Centers

The Life Choices program will continue to implement Life Skills in the Correctional Center targeting high risk groups with behavior change activities. The work with Parish Youth Groups will also be maintained. Unfortunately last year, Life Choices did not achieve its goal of training 30 parish youth leaders. In FY 2008, Life Choices continue training youth leaders. These youth leaders will work in male-female pairs to reinforce and enhance their status as role models to their peers. They will also receive additional training to ensure that they are well informed to reinforce the AB message. Each pair of youth leaders will reach 50 youth in their respective parishes.

ACTIVITY 4: School-Based Program

In FY 2008, Life Choices will continue to work in the 12 high schools where service are already established and will expand to an additional two high school. The program will also continue in the ten primary schools. FY 2008 expansion activities in primary schools will include targeting youth in the lower grades (Grades 4, 5, 6 and 7) and providing them with abstinence messages. In addition, a Health Promotion Program will be initiated in high schools and primary schools where health services will be made available to school learners. These include comprehensive health screening like TB screening, voluntary counseling and testing, reproductive health services to provide an integrated prevention package.

Youth will be trained on an ongoing basis to become role models, to educate their peers in informal and formal ways, to identify and refer peers with problems, and to advocate for change. Youth camps will be organized to ensure the value, accuracy and consistency of the message given by the peer educators to their peers. All the target schools will also continue with the Life Skills program that will reach learners. In FY 2008 the Life Choices program will continue working with teachers by conducting quarterly workshops. Expansion activities for FY 2008 include the implementation of a parent program. Both programs will aim to improve teacher/parent-teen communication and to create a safe environment for positive behaviors among youth.

Activity Narrative:

ACTIVITY 5: Youth-Friendly VCT

The Life Choices Program, in agreement with New Start (a PEPFAR partner), will continue providing youth-friendly VCT at designated schools via voluntary counseling and testing (VCT) mobile centers. The program will continue organizing VCT campaigns in high schools where youth above 14 years of age will be encouraged to test for HIV. These campaigns are used as powerful prevention tools. In a country where very few HIV-infected people know their status, it is essential that ongoing VCT campaigns are organized in the communities targeted by the program. New Start and Life Choices will continue establishing referral networking systems for youth who need further support, including those who are HIV-infected, have been abused, or are sexually active.

This Salesian Mission activity will contribute to PEPFAR achieving the overall goal of averting seven million new HIV infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7549

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22907	3053.22907.09	U.S. Agency for International Development	Salesian Mission	9827	507.09		$176,700
7549	3053.07	U.S. Agency for International Development	Salesian Mission	4461	507.07		$70,298
3053	3053.06	U.S. Agency for International Development	Salesian Mission	2685	507.06		$771,484

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	335.08	**Mechanism:**	N/A
Prime Partner:	Salvation Army	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	2992.08	**Planned Funds:**	$200,000
Activity System ID:	13803		

Activity Narrative: SUMMARY:

The message of Abstinence and Be Faithful (AB) is promoted through two interventions: (1) youth mentors are equipped to deliver a values-based AB curriculum to youth in a school context or as part of a peer education group; and (2) pastors are equipped to promote AB to their congregations through integrating messages into standard church activities (sermons, funerals, groups of women, men, and youth.). The major emphasis area of this activity is information, education and communication of AB messages; and the minor area will be training and community mobilization in promoting AB as a lifestyle.

BACKGROUND:

The Salvation Army is an international Christian denomination with specific community programs to address all aspects of HIV and AIDS through community-based care and prevention programming: home-based care, provision of OVC psychosocial support, individual pre- and post-test counseling, clinical care of opportunistic infections, community counseling, and youth mobilization. Matsoho A Thuso is a care and prevention project that has received PEPFAR funding since FY 2004. Prevention activities focus on capacitating Salvation Army churches to address HIV prevention through training pastors and church volunteers to conduct outreach in churches, schools and the wider community. The project currently operates in 58 sites with Youth Mentors going to different schools to promote AB during the Life Orientation classes. This is done in conjunction with the Department of Education on local levels. Salvation Army also operates in 33 sites with pastors promoting the message in churches and surrounding communities, in eight of South Africa's nine provinces, many of which are in rural and underserved areas.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Youth Mentors

Salvation Army will train South African volunteers as youth mentors. These youth mentors will be equipped to assist in the facilitation of life orientation lessons, conduct school assemblies, and lead peer support groups for youth who wish to commit to a lifestyle of abstinence before marriage. The curriculum used for this purpose contains 30 lesson plans complete with student activities that will assist youth in building the skills they need to pursue abstinence before marriage. These include development of the ability to attach consequences to actions, assertiveness and the ability to withstand peer pressure. The curriculum also challenges misperceptions about male norms and behaviors in order to assist in addressing issues related to gender. The learners are challenged to see that boys and girls have the same responsibility with regards to reducing the spread of HIV. Girls are empowered with the necessary information and skills to delay their sexual debut even when they are pressured by their male counterparts. These lessons are planned to suit learners from higher primary to secondary school levels. Youth mentors will be expected to represent the values of the program and act as role models to in-school youth. As of FY 2006, 95 youth mentors have been trained to implement A and AB outreach activities in the school setting. FY 2007 funding will be used to train additional Youth Mentors and to increase the support and supervision provided to program volunteers to ensure the intensification of services. Refer to explanation of training activities section for FY 2008 plans.

ACTIVITY 2: AB Outreach in Schools/Peer settings

Youth mentors will promote abstinence before marriage for children aged 14 and below, and abstinence before marriage and faithfulness within marriage to youth aged 15 and above in a school or peer group setting. The program will support the South African Government (SAG) life skills program in schools through providing AB prevention services throughout the country. Youth mentors will be assigned to schools identified in collaboration with the SAG Department of Education for two terms. Each youth mentor will conduct 30 lessons for each class. Lessons also include development of character and promotion of abstinence as a way of life. The curriculum also challenges misperceptions about male norms and behaviors. This has been a useful tool to address issues of gender equality and gender equity among the youth and the prevention programs are made accessible for both boys and girls. Initially it was planned that youth mentors would visit schools twice a week, however most schools have requested that youth mentors provide services daily. Youth mentors will ensure that all OVC identified in schools are referred to the OVC program. As of June 2006, this activity has reached over 16,000 youth with A and AB messages. Refer to explanation of training activities section for FY 2008 plans.

ACTIVITY 3: Mobilization and Training of Church Leadership

The third activity is to mobilize church leaders (pastors) to engage their congregations on issues of abstinence and faithfulness. The Salvation Army will capacitate pastors to find positive language that extols the benefits of abstaining before marriage and being faithful within marriage, and to aid them in giving their congregations tools that will further reinforce the message. Pastors will be trained using a field-tested curriculum to introduce abstinence, fidelity and related topics of character building into sermons and Bible Studies curricula. In the period ending June 2006, a total of 62 pastors were trained from 62 churches. In FY 2007 the project will train an additional cadre of pastors to intensify and expand service delivery. Project staff will provide supervision and support to pastors to ensure that prevention activities are being implemented in each church. Pastors will also be encouraged to take a leadership role supporting the care and support and OVC programs run by the Salvation Army. This will ensure that linkages are made between the different components of the project and will provide mentorship to the volunteers. Refer to explanation of training activities section for FY 2008 plans.

ACTIVITY 4: Outreach activities for congregation members

Pastors will exercise their influential status in communities to address the prevention of HIV through encouraging the adoption of A and B behaviors. Pastors will discuss the reduction of multiple and/or concurrent partners as a methodology to mitigate the spread of HIV in their communities. Anecdotal reports indicate that the corps/churches that are implementing the program demonstrated an increased awareness to the fact that benefits of prevention will be attained through Abstinence and Being Faithful. Pastors will disseminate values-based information and education in church and community gathering settings including at sermons, funerals, and during women's, men's and youth group activities.

Activity Narrative: Salvation Army's prevention activities will contribute to PEPFAR's goal of averting seven million HIV infections among adults and youth. Refer to explanation of training activities section for FY 2008 plans.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7550

Related Activity: 13804, 13805, 14252

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22904	2992.22904.09	U.S. Agency for International Development	Salvation Army	9826	335.09		$0
7550	2992.07	U.S. Agency for International Development	Salvation Army	4462	335.07		$200,000
2992	2992.06	U.S. Agency for International Development	Salvation Army	2657	335.06		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13804	2993.08	6615	335.08		Salvation Army	$400,000
13805	2994.08	6615	335.08		Salvation Army	$1,350,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	162,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	139,200	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	348	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

Western Cape

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 510.08

Mechanism: N/A

Prime Partner: Soul City

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3055.08

Planned Funds: $5,090,000

Activity System ID: 13810

Activity Narrative: SUMMARY:

Soul City has received PEPFAR funding since FY 2005 to implement a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services. The major emphasis area is community mobilization/participation. Other emphasis areas include: information, education and communication; local organization capacity development; and training. There are five activities. Three activities target adults and children nationally using multimedia, and two activities build on this through training and community mobilization of adults and children.

BACKGROUND:

The activities are ongoing. Soul City has a long history of partnership with the South African Government, collaborating with the National Departments of Health (NDOH), Education (DOE), Social Development (DOSD), Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially DOSD in the future. In addition, Soul City partners with 18 non-governmental organizations (NGOs) to implement the community mobilization program. All Soul City interventions address gender issues, particularly those associated with driving the epidemic (e.g., power relations and cross generational sex). In September 2007 Soul City and its sub-partners are planning a major planning retreat to design its five year prevention strategy, and the USG will be important contributors to this process. Violence and partner reduction will be a focus over the next five years as will the issues that promote violence, like substance abuse.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: The Soul City Series

The Soul City TV series,13 episodes for a family audience, broadcast during primetime in October 2008; 30 radio drama episodes in nine languages in November 2008; and a 36-page color booklet for adults printed in four languages, with one million copies distributed through newspapers, health facilities, partners and community organizations. The booklet will focus on HIV and relationships, particularly concurrent partners. Other issues addressed are HIV prevention that promotes abstinence and faithfulness, and decreasing stigma. The series will cover gender in HIV prevention, violence reduction and substance abuse. PEPFAR funds will be used for 30% of this activity, with other donors funding the remaining 70%.

ACTIVITY 2: Soul Buddyz

Soul Buddyz is aimed at children, 8 to 12 years of age and comprises: (1) 13 TV drama episodes for children and their parents, broadcast in primetime October 2008; (2) development, printing and distribution of one million copies of a 42-page color parenting book in four languages from April 2008; (3) development of a 116-page grade 7 life skills book distributed to pupils in April 2008; and (4) marketing to promote and link these materials. This activity contributes to PEPFAR objectives by averting new infections through behavior change. The topics the Soul Buddyz series will cover are HIV prevention, in particular the promotion of abstinence and faithfulness, and youth sexuality. The Soul Buddyz intervention deals with a range of developmental topics relevant to children's lives and not only to HIV and AIDS. It will also deal with violence reduction, reduction in substance abuse, gender and building self esteem. PEPFAR funds will be used to support 30% of this activity, with other donors funding the remaining 70%.

The following two activities depend on the media activities for their credibility and impact at a community level.

ACTIVITY 3: Community Mobilization

Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, largely at schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series (that stress abstinence and being faithful (AB) messages) and are encouraged to do outreach work in their schools, families and communities. Nationwide, 3000 clubs already exist, and in FY 2008 Soul City will establish another 1000 clubs. To achieve this, it will conduct 20 training sessions for facilitators; develop, print and distribute 6000 annual club guides; hold a national congress for clubs and their facilitators; develop, print and distribute 80,000 magazines to each club member bi-annually; and run Buddyz club competitions. The clubs will focus on preventing HIV infection, AIDS and its impact on schools; youth sexuality focusing on skills development; and violence reduction, reduction in substance abuse, gender and building self esteem. PEPFAR funds will be used to support approximately 80 percent of this activity, with other donors funding the remaining 20%. Soul City emphasizes building the capacity of facilitators so they can support clubs into the future. This will be done in partnership with the DOE at both national and provincial levels. This activity contributes towards PEPFAR objectives by averting new infections through increasing self esteem and behavior change.

ACTIVITY 4: Material Development

Soul City develops flexible training materials in five local languages to use in facilitated learning settings, and in the general public, with a focus on parents. They will build parenting skills and equip them to educate their own and other children about prevention using an AB approach. They also deal with all other aspects of the epidemic, including, antiretroviral therapy support, and support for home-based care and orphans and vulnerable children. These materials will also be used to train school governing bodies to create schools as nodes of care for vulnerable children. These materials are also used by businesses and workplace programs. These materials are used by 18 partner NGO's in a cascade training model. Trainees are given the support and skills with which to become mobilizers in their community. More than 200 training sessions will be conducted in FY 2008 with an average of 30 people per session. In addition, materials are made available to a wide range of institutions that make use of the materials in their work. A minimum of one million copies of materials will be made available. PEPFAR funds will be used to support approximately 70 percent of this activity, with other donors funding the remaining 30%.

ACTIVITY 5: Heartlines

Activity Narrative: Heartlines is a sub-partner of Soul City: IHDC uses a values-based approach to HIV prevention. It is fully described in Other Prevention A children's book aimed at children 5-8 years old was produced in FY 2007. FY 2008 funding will be used to translate the book into 11 languages and 100,000 copies will be distributed to 17,000 primary schools. In partnership with DOE, teachers will also be trained to use the materials.

The long-term sustainability of Soul City is addressed by diversifying its funding sources and by establishing a broad-based empowerment company which can take ownership of shares and whose dividends will accrue to Soul City. An empowerment company is one that aims to strengthen small businesses and expand them in order to encourage investments from outside investors.

To determine the impact of the activities, Soul City and another PEPFAR partner, Johns Hopkins University Center for Communication Programs, will implement a nationally representative longitudinal panel design evaluation, which, together with propensity score analysis, enables one to attribute change to the intervention with a high degree of certainty, as the change is clearly measured in a time sequence, and the "control" is controlled for demographics, other interventions, other attitudes and behaviors. This allows a high degree of certainty about what the cause of the change is. (This activity is funded under the Johns Hopkins University PEPFAR program and described in that COP entry.) Soul City has reached over 6 million children and 22 million adults with AB prevention messages. A further study (not PEPFAR-funded) is planned in partnership with the University of the Witwatersrand which will be a randomized intervention study comparing the impact of the school based intervention on child resiliency

These activities will contribute to the PEPFAR 2-7-10 goals, focusing on prevention (specifically abstinence and being faithful) and care and treatment awareness.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7395

Related Activity: 13811, 13812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22896	3055.22896.09	HHS/Centers for Disease Control & Prevention	Soul City	9821	510.09		$5,436,095
7395	3055.07	HHS/Centers for Disease Control & Prevention	Soul City	4400	510.07		$2,000,000
3055	3055.06	HHS/Centers for Disease Control & Prevention	Soul City	2687	510.06		$2,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13811	6567.08	6620	510.08		Soul City	$1,700,000
13812	3056.08	6620	510.08		Soul City	$485,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	92,960	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	80,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	14,032	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	6084.08	**Mechanism:**	SANBS country buy-in
Prime Partner:	South Africa National Blood Service	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	12252.08	**Planned Funds:**	$242,500
Activity System ID:	13814		

Activity Narrative: SUMMARY:

The South African National Blood Service (SANBS) has expanded and its donor base more representatives of the demographics of the country by establishing four new donor clinics in geographical areas previously not serviced by the organization. The recruitment and educational programs aimed at new donors will focus on the relationship between safe lifestyle and utilize abstinence and be faithful (AB) messages. The outcome of the program will be measured by donor recruitment and retention, and HIV prevalence in donors.

ACTIVITIES AND EXPECTED RESULTS:

Four new clinics in FY 2007 will be established in primarily black communities. In July 2007 a donor clinic was opened in Umlazi, KwaZulu-Natal, and a site for a clinic found in Soweto. Four nurses, one for each of the pilot clinics, will be trained as donor educators and counselors. They will have appropriate information/education packs with suitable materials that have been developed in FY 2007. The material will be evaluated and refined in FY 2008 and incorporate AB and prevention messages that will support the prospective donor interview, education and selection process. Prospective donors will be issued with education materials and encouraged to spread these messages to their family, friends and peers, thereby making the blood donors ambassadors of the program. Ten thousand new donors will be exposed to these educational and selection programs and the extension of the program to the family and friends of the donors will have a significant impact on HIV prevention in the community at large. The donor education and recruitment program is strengthened by the one-on-one interview that is part of the donor selection and self-exclusion procedure. This ensures that prospective donors fully understand the impact of the AB component of blood safety. The message is reinforced because this interview is repeated at every donation. Another facet of the program is the one-on-one interview that is part of the follow-up strategy for HIV-infected prospective donors. This program is used to evaluate the effectiveness of the educational program and is used for counseling HIV-infected people and referring them to an appropriate counseling and treatment center. This program, which will be piloted at the four new clinics, will in FY 2008 and FY 2009, be institutionalized in all the clinics across SANBS and the Western Province Blood Transfusion Service.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12252

Related Activity: 13815, 13813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22890	12252.228900.09	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	9819	6084.09	SANBS country buy-in	$0
12252	12252.07	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6084	6084.07	SANBS country buy-in	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13815	12129.08	6622	6084.08	SANBS country buy-in	South Africa National Blood Service	$242,500
13813	3059.08	6621	511.08		South Africa National Blood Service	$2,000,000

Emphasis Areas

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 167.08

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 2911.08

Planned Funds: $936,500

Activity System ID: 13374

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project will continue to work through several foci of influence throughout Lukhanji communities to disseminate information and influence behavior change to prevent new HIV infections and to encourage testing. In FY 2008, an additional focus on interactive, prevention skills programs (especially focused on youth and men) will be employed to sustaining messages throughout the community. Further expansion will be made to catchment areas of other approved care and support sites. Major emphasis is on human capacity development, local organization capacity building, and gender. Gender activities will focus on addressing male norms and behaviors, reducing violence and coercion, and increasing women's access to productive resources. The target populations for this activity include the general population above the age of ten, teachers and religious leaders.

BACKGROUND:

This is an ongoing activity, expanding the number of peer educators (PEs) and expanding the geographic reach to include more villages throughout the Lukhanji Local Service Area and into initiate activity in a new LSA. Prevention activities are supported and encouraged by the ECDOH. The House of Traditional Leaders supports the project, and is an important behavior change agent in the community. Lukhanji Local Municipality expresses support for the integration of ward councilors in community mobilization efforts. Efforts to empower young women are included in the in-school youth peer education/life skills activities, out-of-school youth peer education and livelihood activities supporting young women to be materially independent of older men. Shaping how young men see and behave toward women is included in the out-of-school youth peer education activities, the traditional initiation schools, faith-based youth activities, and in-school youth.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthen the Quality and Intensity of Existing Community-based Activities

In FY 2008, human capacity development will remain a key activity, building on the training of traditional leaders and healers, community leaders and in and out-of-school youth. Africare will continue to provide further training and mentorship for traditional initiation (circumcision) surgeons/nurses on how to integrate HIV prevention, gender awareness and behavior change education for young males during initiation into manhood (traditional practice). In-school youth will continue to be developed, along with their coaches and teachers. Rural youth with little education will be given continued support to internalize messages with regard to gender and behavior change and to better develop facilitation, counseling, and activity management skills. Practical skills for youth development and life skills will also be provided to the out-of-school youth peer educators. Summer and spring youth camps for existing PEs will continue to focus on personal empowerment and build their capacity to promote abstinence and delayed sexual debut for in- and out-of-school youth in collaboration with church Sunday Schools. In FY 2008, program depth and quality will be enhanced for youth to provide skills needed to prevent cross-generational sex and substance abuse through modular life skills programs. Partnering with Soul Buddyz for youngsters will provide a sustainable, long-term program and partnership with Girl Guides or similar programs will be explored to give girls the skills and perspective to focus on their futures.

Funds will be used to recruit additional peer education and advocate supervisors to support community-based peer education and advocacy in new communities. Additional training in peer education and behavior change approaches will be provided to the supervisors to enhance their ability to provide technical guidance in communities. Community-based PEs and advocates from all participating groups will be provided with in-service education on interpersonal communication for behavior change.
Teachers from participating schools (20 current and 20 new) will continue to receive professional development in life skills education for grades 4-7 and support of PEs. Linked with the care and support components, the Service Corps Volunteers and community-based caregivers will have their HIV prevention communication skills further developed to improve the frequency, intensity and quality of their communications in the clinics and in the homes of clients.

Training of the various community groups will be done using the Harvard School of Public Health curriculum. The curriculum is flexible based on assessment of skills, norms and attitudes of each group.

ACTIVITY 2: Reach the Community with Consistent Abstinence and Be Faithful Messages

Funding will support quarterly HIV prevention-focused educational events for each target group. These events are intended to stimulate discussion of intergenerational sex, transactional sex, stigma, discrimination, denial and other related issues, to reduce high-risk behavior and to create a supportive environment for HIV testing. The forums for these events include youth debates, drama, and sensitization meetings to highlight these issues. Through these open forums, Africare aims to stimulate discussion on issues and guide the community to identify HIV risk and appropriate steps to reduce such risks. The project will facilitate the dissemination of relevant IEC materials and enlist the support of PEPFAR partners such as Soul City to adapt materials. In addition, Africare will continue to work with faith-based leaders to disseminate information about HIV and AIDS with a focus on promoting risk reduction through AB messages. In FY 2008, Africare will continue to expand the number of pastors in the program, creating a supportive environment for testing by fostering care and support of families affected by HIV in addition to prevention. Pastors link with palliative care activities in providing pastoral care for PLHIV in need of spiritual counseling.

ACTIVITY 3: Expand to New Community Groups and New Localities within this Site

In collaboration with the law enforcement agents, the project will continue to strengthen and expand the gender- and child-based violence task working group by supporting quarterly meetings/activities to promote case identification, effective support and intervention (including PEP) and prevention. For in-school youth peer education, new schools in the Queenstown area (10) will be added to the existing group of schools. Additional groups of youth and faith-based organizations in Queenstown areas of Ezibeleni, Mlungisi, Ilinge and Lesseyton will be engaged and trained for prevention as well as stigma reduction and care and support. Chiefs' wives will be engaged through the Chris Hani District AIDS Council to reach girls and female youth.

Activity Narrative: As the new care and support sites are finalized, community entry with key stakeholders will begin. FY 2008 will also include jointly developing an adult male-focused strategy (with the House of Traditional Leaders, Department of Health and male involvement programs) to engage men in reducing sexual partners, reducing cross-generational sex and increasing utilization of services.

ACTIVITY 4: Vocational Skills Training and Microfinance

Appropriate vocational skills will be linked to youth prevention activities especially for young women in order to ensure that they are economically empowered, and can avoid intergenerational/transactional sex and avoid conflict with the law. Training institutions will provide vocational and skills training, and support learnerships and apprenticeships for youth. FY 2008 COP activities will limit micro-financing to linking individuals and groups to other financing resources through government small-medium enterprises funding programs. Support to local information technology centers in collaboration with Microsoft will aim to ensure that rural women, youth, and community-based organizations have access to information about HIV and AIDS, entitlements and income-generation funding resources, along with the means to write and send applications and reports.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7280

Related Activity: 13375, 13376, 13377, 13378, 13379, 13380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29118	29118.05	Department of Health & Human Services	Catholic Relief Services	1514	1514.05		$1,063,792
29117	29117.05	U.S. Agency for International Development	Africare	11868	11868.05		$377,445
29115	29115.05	U.S. Agency for International Development	International Youth Foundation	11867	11867.05		$318,405
29114	29114.05	U.S. Agency for International Development	Salvation Army	11865	11865.05		$191,348
29113	29113.05	U.S. Agency for International Development	World Vision International	11864	11864.05		$266,924
29112	29112.05	U.S. Agency for International Development	Children's AIDS Fund	11863	11863.05		$595,361
29111	29111.05	Department of Health & Human Services	Sanquin Consulting Services	11862	11862.05		$676,438
29110	29110.05	U.S. Agency for International Development	Children's AIDS Fund	11861	11861.05		$687,512
22575	2911.22575.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7280	2911.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$400,000
2911	2911.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$425,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13375	7920.08	6455	167.08		Africare	$145,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13377	3752.08	6455	167.08		Africare	$485,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13379	2910.08	6455	167.08		Africare	$388,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

HMBL - Blood Safety

Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03

Total Planned Funding for Program Area: **$2,742,500**

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

Program Area Context:

Blood transfusion in South Africa is recognized as an essential part of the healthcare system. South Africa has a strong blood safety program that is directed by the South African National Blood Service (SANBS), a Track 1 partner. SANBS actively recruits voluntary blood donors and educates the public about blood safety. Blood donors are voluntary and not remunerated. Blood is collected at fixed donor clinics and mobile clinics that visit schools, factories, and businesses. All blood is routinely screened for HIV-1 and 2, hepatitis B and C, and syphilis.

SANBS operates in eight of the nine provinces in South Africa and is responsible for the delivery of transfusion services to 87% of patients in the country. The Western Province Blood Transfusion Service (WPBTS) provides blood to patients in the Western Cape. The National Health Act requires a single national blood transfusion service. SANBS, WPBTS and the National Department of Health (NDOH) are discussing the way forward to comply with the provision of the National Health Act. FY 2008 funding to SANBS will be used to support processes in support of this merger.

In 2005, SANBS was confronted with a major challenge to implement a new blood safety risk management policy. The previous policy which was based on using race as a major indicator of blood safety was unacceptable to the NDOH. SANBS developed a new blood safety policy, the Donor Status Risk Management Model. This policy is based on the knowledge that repeat, regular blood donors are less likely than first-time donors to donate blood in the infectious window period. The model is supported by the introduction of individual donation nucleic acid test (ID-NAT) screening of all donations for HIV, HBV and HCV and an extensive structured donor education, selection and exclusion program. The new risk model was successfully implemented in October 2005. New operational systems, training programs for staff, standard operation procedures, adaptation of the operational IT system, and the inclusion of measurement systems for monitoring and evaluation have been implemented and refined since then. This was a very significant achievement that has been supported by the SANBS PEPFAR program.

The success of the Donor Status Risk Management Model can be judged from the findings for the period October 2005 to March 2006. During this period a total of 277,920 units of blood were procured. Of these donations 56% were from regular, repeat donors who provide very low-risk donations that were used for the manufacture of components. Red cells were issued from donations of repeat donors; these donors provided 29% of the blood supply. The higher risk blood, used primarily for the preparation of fresh frozen plasma, made up the balance. The prevalence of HIV in the donor groups differed significantly: component donations 0.011%; red cell donations 0.057%; and the plasma donations 0.53%. Estimating the number of undetected HIV positive units in the blood supply by a window period incidence model calculated that about three HIV window period donations may have entered the blood supply during this period. This indicates that the Donor Status Risk Management Model is equivalent in terms of blood safety to the race indicator model used in the past. The outcomes of the risk model, however, have to be monitored carefully, will need refinement and must be adjusted appropriately. The impact of the Donor Status Risk Management Model on blood safety, the measurement of outcomes and the optimization of the model will be a major component of the SANBS PEPFAR program.

In 2007, SANBS has spent considerable effort in planning and implementing strategies to expand the donor pool in light of the revised risk model. SANBS has coordinated with the NDOH and the Department of Education to provide prevention education to potential young donors that will assist them in protecting themselves from infection and will result in their being “certified” as committed safe regular donors. PEPFAR resources will also be used to develop cultural and language-specific donor recruitment and HIV educational materials.

In 2008, SANBS will utilize PEPFAR funds to expand and make its donor base more representative of the demographics of the country. This will be achieved by establishing four new donor clinics in geographical areas previously not serviced by the organization. Recruitment and educational materials that are language and culture specific and appropriate for the target donor population will support the program. Through this effort, prevention messages will be developed focusing on the relationship between lifestyle and safe blood, the need for blood by patients and the importance of societal involvement in this “gift of life” relationship between donor and patient. The outcome of the program will be measured by donor recruitment and retention, and HIV prevalence in donors. PEPFAR resources, leveraged with existing SANBS infrastructure and collaborative funding, will continue to strengthen SANBS information technology systems and training of donor recruiters, HIV counselors, technicians, quality officers, and internal and external healthcare providers. In the future, SANBS plans to link with other PEPFAR partners specifically working in ARV services to improve the referral network for persons who test positive.

The American Association of Blood Banks (AABB), another Track 1 partner, provides technical assistance (TA) to SANBS. SANBS has reported that the TA provided by AABB has been of high quality and AABB has especially played an important role in the development of the new risk model in South Africa. In FY 2008, AABB will focus on establishing an accreditation program for SANBS, improving training activities, strengthening the IT system, and providing TA on policies and guidelines.

The blood safety activities represent an integrated program which contributes to objectives delineated in the USG Five-Year Strategy. PEPFAR will support incorporation of messages regarding prevention, treatment and care into blood donor programs, and blood safety issues will be addressed in HIV and AIDS communication programs.

No other major donors are working directly in blood safety at this time.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	4203
3.2 Number of individuals trained in blood safety	2420

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6084.08
Mechanism: SANBS country buy-in
Prime Partner: South Africa National Blood Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 12129.08
Planned Funds: $242,500
Activity System ID: 13815
Activity Narrative: Refer to Track 1 Entry. These funds are supplementing the Track 1 award.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12129
Related Activity: 13814, 13813

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22891	12129.22891.09	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	9819	6084.09	SANBS country buy-in	$0
12129	12129.07	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6084	6084.07	SANBS country buy-in	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13814	12252.08	6622	6084.08	SANBS country buy-in	South Africa National Blood Service	$242,500
13813	3059.08	6621	511.08		South Africa National Blood Service	$2,000,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs carrying out blood safety activities	N/A	True
Indirect number of individuals trained in blood safety	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	120	False

Indirect Targets

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 511.08

Mechanism: N/A

Prime Partner: South Africa National Blood Service

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 3059.08

Planned Funds: $2,000,000

Activity System ID: 13813

Activity Narrative: SUMMARY:

The South African National Blood Service (SANBS) program aims to ensure an adequate supply of safe blood. This includes expanding the Safe Blood Donor Base by donor education and selection, training donor and technical staff, logistics management, and appropriate information systems. The major areas of activity are donor and blood user education and strengthening the technical and information systems infrastructure. The target population is potential blood donors.

BACKGROUND:

SANBS collects 750,000 units of blood per annum providing blood to eight of the nine provinces. The other service, Western Province Blood Transfusion Service (WPBTS) collects 120,000 units per year serving the Western Cape Province. SANBS is a leader of blood transfusion in Africa and supports by training and technically the blood services of the Southern African Development Community (SADC). The National Health Act requires a single national blood transfusion service. SANBS, WPBTS and the Department of Health are discussing how best to comply with legislation. SANBS, utilizing PEPFAR, has shared educational material with WPBTS, standardized the self-exclusion donor questionnaire, supported the continuing professional development of staff and developed the PEPFAR indicator tool as a national measuring system. FY 2008 funding to SANBS will support the merger by strengthening the bonds between the services in the fields of blood safety, staff training and donor education.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Expanding the Donor Base

The focus of this activity is to expand the donor base by including younger and more demographically representative population groups. Blood safety is achieved by donor education and self-exclusion of those at risk of HIV exposure. This activity will consist of several sections: (a) The donor education and communication materials have been revised and included in the donor educator and recruiter training materials. These materials will be made culture-specific and translated into the indigenous languages to facilitate the expansion and demographic diversity of the donor base. (b) A donor education guideline for the Muslim community has been approved by an Islamic fatwa. This will be implemented in FY 2008. (c) A key program focuses on educating and recruiting young donors. Prospective donors will be exposed to a special scholar donor education program approved and in harmony with those of the Departments of Education and Health, and the HIV and AIDS Directorate. Scholars at selected pilot schools will be educated on lifestyle and HIV transmission, including the role of Abstinence and Be Faithful (AB), and the impact of lifestyle on blood safety. Education also addresses the importance of blood donation, and the use and need of safe blood. The Club 25 project was started in FY 2006 and is continually being refined and evaluated. In FY 2007 the program was expanded to other African countries. The model is based on education of particularly scholars and their commitment to remaining regular safe blood donors (donate 20 units before the age of 25). The results of laboratory screening tests will be disclosed to them and the message of safe lifestyle, and the benefits of being a donor reinforced. This is optimized by one-on-one interviews by trained nursing sister counselors. Trained donor educators offer course by lectures supported by pamphlets, information leaflets and booklets. In FY 2008 the program will be institutionalized in as many schools as possible. A further 50,000 scholars in FY 2008 will be exposed to the Club 25 program. (d) A donor deferral guideline has been developed for training of and use by the 100 tele-recruiters allowing them to professionally inform blood donors. (e) A pilot project to expand the SANBS donor base aims at entering into partnerships with private companies. SANBS has formed a successful partnership with Daimler Chrysler SA. This initiative will be expanded and new partnerships fostered in FY 2008. (f) SANBS will continue to refer HIV-infected donors to PEPFAR-supported ARV sites. SANBS will link with PEPFAR AB partners to optimize the education of the youth on safe lifestyles. (g) FY 2008 activities will include donor recruitment and educational programs at the four clinics established in 2007 in black communities. The donor programs will focus on safe lifestyle and the relationship to safe blood, and the need for blood donors. The results of laboratory screening tests will be used to reinforce the message of safe lifestyle, the role of AB in avoiding sexually transmitted infections, and the importance of blood and donors.

ACTIVITY 2: Training

This program focuses on developing training courses and materials for SANBS and WPBTS staff. These materials will be offered in the seven operational zones of SANBS, and WPBTS. Training focuses on human capacity development and addressing skills shortages. The 40 technicians enrolled in the program to qualify as technologists at a tertiary institution will continue in FY 2008. Training programs for technicians, technologists, and donor education and recruitment staff will be continued. Sixty trainee phlebotomists will be trained and registered with the Health Professionals Council of SA as Phlebotomy Technicians. Fifteen trainers from all provinces will be trained in the train-the-trainer program The distance learning material developed in FY2005-2007 will facilitate in FY 2008 the training of SANBS and WPBTS staff. The distance learning program is strengthened by the videoconferencing equipment purchased in FY 2007. The national and regional Training Center commenced in FY 2007 will be fully established in FY 2008 and all aspects of the program assessed and overseen by a professional educator. SANBS and WPBTS staff will continue to host seminars, workshops, symposia and lectures in the discipline of transfusion to internal staff and external health practitioners. As part of the AABB PEPFAR Technical Assistance program, two SANBS staff members, one each from the donor and technical areas will attend a specialist high-level training course at Emory University. SANBS in FY 2007 assisted in the development of a certified course in clinical transfusion medicine at the University of the Free State. SANBS will in FY 2008 participate in the delivery of the theoretical and practical course material. The course content is suitable for students of other African countries. Central to staff development is job satisfaction leading to better retention of staff. The staff development program is complemented by performance management and reward with clear career paths.

ACTIVITY 3: Regional Reference Center and Plasma Repository

SANBS annually screens more than 700,000 blood donations for HIV, HCV and HBV. In FY 2007 a plasma repository of viral positive plasma has been established in a facility funded by SANBS. This will in FY 2008/9 be expanded to a regional reference laboratory. This facility will satisfy the needs of the Southern African region for an external quality assessment program. The plasma repository will be fully characterized,

Activity Narrative: and aliquots distributed to participants in an African External Quality Assurance System. Analysis of performance of blood services will enhance national blood safety. The plasma repository is a unique resource for African transfusion services and could be used to assess blood screening systems, investigate the sensitivity and specificity of tests and their impact on the window period, and the identification of new infectious agents. The technologist who will lead this program in August-October 2007 will be trained at the Blood Research Institute in San Francisco.

ACTIVITY 4: Data Warehouse

The SANBS data warehouse will be fully operational by end FY 2008. It is an essential component of the information system and will be used for the management and evaluation of all components of the blood system. In FY 2008 the data warehouse will include the data of WPBTS. This will make it possible to utilize the PEPFAR indicator tool to assess and improve the blood system of South Africa.

ACTIVITY 5: Western Province Blood Transfusion Service (WPBTS)

FY 2008 COP activities will be expanded to focus on the merger of SANBS and the WPBTS. Activities will be implemented for a step-wise incorporation of WPBTS into the SANBS PEPFAR program focusing on training and personnel development, establishment of a training centre, and by developing appropriate information technology systems for the collection of national data as an indicator of the status of blood transfusion in South Africa. WPBTS will also utilize PEPFAR funding to expand their base of safe donors by establishing more mobile clinics. This will be facilitated by acquiring a specially fitted vehicle. WPBTS will play a key role in the development of the web-based training system and the WPBTS will be incorporated into the SANBS staff capacity building, on-site training and continuing professional development programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7394

Related Activity: 13814, 13815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22889	3059.22889.09	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	9818	511.09		$2,000,000
7394	3059.07	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	4399	511.07		$2,000,000
3059	3059.06	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	2688	511.06		$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13814	12252.08	6622	6084.08	SANBS country buy-in	South Africa National Blood Service	$242,500
13815	12129.08	6622	6084.08	SANBS country buy-in	South Africa National Blood Service	$242,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs carrying out blood safety activities	0	False
Indirect number of individuals trained in blood safety	0	False
3.1 Number of service outlets carrying out blood safety activities	4,203	False
3.2 Number of individuals trained in blood safety	2,400	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas
Western Cape
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	4628.08	**Mechanism:**	Track 1
Prime Partner:	American Association of Blood Banks	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	**Program Area:**	Medical Transmission/Blood Safety
Budget Code:	HMBL	**Program Area Code:**	03
Activity ID:	7926.08	**Planned Funds:**	$500,000
Activity System ID:	13381		

Activity Narrative: SUMMARY:

The American Association of Blood Banks (AABB) has been awarded Track 1 funding to continue providing technical assistance to the South African National Blood Service (SANBS) for purposes of strengthening the blood supply in South Africa. The focus of this activity is to achieve substantial improvement in the affected transfusion services and their infrastructure, and to improve transfusion safety. The ultimate goal is to effect significant change in the incidence of transfusion-transmitted HIV.

BACKGROUND:

The AABB cooperative agreement funds technical assistance for 5 of the 15 PEPFAR target countries. AABB has provided technical assistance to SANBS for the past three years.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Training activities will focus on building human capacity and addressing the skills shortage in SANBS. AABB will assist in quality improvements in training of trainers, training delivery, and documentation of training, as well as operational activities to improve performance and knowledge of SANBS staff. In order to facilitate knowledge and skills transfer, AABB will provide SANBS with AABB membership and facilitate key personnel to attend the AABB Annual Meeting.

ACTIVITY 2: Incorporation of Western Province Blood Transfusion Service (WPBTS)

AABB will assist SANBS in the incorporation of the WPBTS into the SANBS PEPFAR program. This will be accomplished by focusing on training and personnel development, and through the development of appropriate information technology systems for the collection of national data as an indicator of the status of blood transfusion in South Africa.

ACTIVITY 3: Establishment of Training Center

AABB will assist SANBS in establishing an international training center for blood center operations and transfusion services. Following a comprehensive evaluation of the current process of training throughout SANBS, AABB will assist in implementation of recommendations to improve the overall training process throughout SANBS. Once this is established, AABB will assist SANBS in expanding the training center to provide training opportunities to other African countries.

ACTIVITY 4: Policy and System Strengthening

Currently SANBS is self-regulated but they would like to move towards developing an external accreditation program. AABB will assist with the establishment of the accreditation program to provide more objectivity on the operations of SANBS. AABB will also participate in the development of South African national blood policies, especially regarding notification of blood donor test results.

ACTIVITY 5: Information Technology Systems

SANBS rolled out the Meditech operational (information) system with technical assistance from AABB. This will allow the management of the blood donor base, analysis of the effectiveness of donor education and selection programs, risk management and the optimal management of the blood inventory. AABB will continue to provide technical assistance as it is rolled out to all regions. AABB will also assist with the development of M&E systems and Quality Management Systems data reporting for purposes of monitoring improvement to blood safety and blood services operations. By providing technical assistance to SANBS, AABB will help to ensure that the blood supply is safe and meets the blood supply needs in South Africa. Building local capacity will also ensure the sustainability of SANBS programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7926

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22585	7926.22585.09	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	9731	4628.09	Track 1	$500,000
7926	7926.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4628	4628.07	Track 1	$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs carrying out blood safety activities	N/A	True
Indirect number of individuals trained in blood safety	N/A	True
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	20	False

Indirect Targets

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: **$2,223,732**

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

Program Area Context:

Statistics indicate that the average number of medical injections per person per year in South Africa is 1.5. In addition, all South African facilities that use syringes for patient care use single use and sterile syringes, that is, those observed to come from a new and unopened package. The PEPFAR program in South Africa aims to address issues of medical transmission of HIV through the Track 1 Making Medical Injections Safer (MMIS) project led by the John Snow Research and Training Institute, Inc. The goals of this project are to:

(1) Improve injection safety practices through training and capacity building;
(2) Ensure the safe management of sharps and waste; and,
(3) Reduce unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies.

The project's three main programmatic areas are logistics, waste management, and behavior change communication. Training on these issues, its core activity, is provided to professional and non-professional staff. The project works at national, provincial and district government levels and is present in all nine provinces of South Africa. Buy-in from the South African Government (SAG), partnerships with local organizations as well as synergies with other PEPFAR projects have been used to ensure sustainability and rapid scale-up. A multi-pronged approach is used in training and consists of providing in-service and on-the-job training to three different levels of workers: senior management, middle managers and clinical personnel, as well as waste handlers, as a short-term approach. JSI/MMIS is planning to conduct pre-service training with the incorporation of injection safety content in the curricula for nurses, doctors and other professionals.

The National Department of Health (NDOH) with input from MMIS has developed national policy guidelines on Infection Control and Prevention. In addition, the project is working with the NDOH on an agreed set of norms and standards for injection safety. An accreditation process to assess compliance to these has been planned with the Council for Health Service Accreditation of Southern Africa. These processes will comply with evaluation activities conducted by the first national injection safety survey.

The NDOH Quality Assurance and Environmental Health units will institutionalize the adapted version of the "DO NO HARM" manual as the country's primary reference manual for training in injection safety. Sustainability is achieved by leveraging support from local partners. To date, MMIS has garnered support from the Democratic Nurses Organization of South Africa; Khomanani (the South African Government's HIV and AIDS Information, Education and Communication (IEC) Campaign); Excellence Trends (a private firm consulting in waste management); and the Basel Convention for the completion of a number of deliverables such as training, and printing and disseminating of IEC material. In addition, MMIS works with South African provinces and municipalities to plan allocations for current JSI-related costs through the SAG Medium-Term Expenditure Framework.

The MMIS South Africa team has made significant progress since its inception. The team provided input to the National Policy on Infection Control, specifically the chapters on Injection Safety and Waste Management. Secondly, systems are being implemented to procure personal protective equipment for waste handlers in two provinces, the Eastern Cape and Western Cape. Thirdly, MMIS South Africa and MINDSET Health Channel have collaborated to relay injection safety information to over 200 facilities (public hospitals and clinics) across South Africa, using a computer-based multi-media platform. An external evaluation has established that this technology significantly increases knowledge levels among users. Lastly, MMIS has recently conducted a national baseline assessment of injection safety in hospitals.

Improving injection safety and proper waste disposal practices are vital systems-strengthening activities for the over-burdened health system. These activities further the USG Five-Year Strategy by supporting both an increase in health system capacity and quality of care.

No other major donors are working directly in injection safety at this time.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety	7950

Custom Targets:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 249.08

Mechanism: Safe Medical Practices

Prime Partner: John Snow, Inc.

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 2945.08

Planned Funds: $2,223,732

Activity System ID: 13951

Activity Narrative: SUMMARY:

The Making Medical Injections Safer (MMIS) project conducted by John Snow Research and Training, Inc. (JSI) aims to bring about an environment where patients, healthcare workers and the community are better protected from the transmission of HIV and other blood-borne pathogens through medical practices. The project targets healthcare workers and the population at large. Emphasis areas include training and human resources, development of policy and guidelines as well as commodity procurement.

BACKGROUND:

The project's initial stages have moved from a pilot to a full geographical scale implementation by its mid-term. The review conducted in 2007 and its findings will guide implementation of priority interventions towards the second half of the funding cycle building up to September 2009. To this effect the fiscal year FY 2008 will focus on ensuring that the remaining resources allocated to this project are used to maximize the opportunities to lower risks of transmission. To this end a particular focus will be placed on linking current injection safety activities to phlebotomy. Discussions to this effect have been embarked upon with the NDOH unit responsible for the coordination and implementation of the country's Comprehensive Plan for HIV and AIDS Care, Management and Treatment as well as the South African National Blood Services (SANBS), a South African organization partially funded by PEPFAR. Such a focus will also strengthen the MMIS project's ability to support the effective implementation of the newly launched HIV & AIDS and STI National Strategic Plan, 2007-2011 in its chapter on Accelerated Prevention.

MMIS in collaboration with the National Department of Health (NDOH) completed the first national injection safety and infection control survey in public facilities in South Africa in 2007. The results indicated that there were gaps in training in the areas of waste management and injection safety. During 2007 MMIS addressed recommendations emanating from this survey through training and ongoing behavior change communication (BCC) activities. The BBC activities address issues such as safe phlebotomy procedures, the appropriate use of multi-dose vials, reducing the current rate of recapping of needles after injections, the overflowing of sharps containers and other survey findings requiring attention and action. The NDOH and the KwaZulu-Natal Department of Health have retractable syringes available on the national and provincial tenders, adopting them for use and making sustainable financial allocations from the fiscus to cover related costs in their Mid-Term Expenditure Framework spanning 2007-2009.

A similar approach remains an option for the other provinces as far as the national tender is concerned and MMIS will continue to play an advocacy role towards such policy decisions to be considered in the interest of self-sustainability.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Healthcare Workers' Training

More healthcare workers will be trained in FY 2008 to reach the target of 3,975 set for the said fiscal year. Senior and middle managers, clinical staff as well as waste handlers will be trained to increase the public health sector's capacity in injection safety and infection control. This will continue to be done in partnership with organizations such as MINDSET Health, BroadReach Health Care and the Democratic Nurses' Organisation of South Africa. Following discussions initiated in FY 2007, MMIS will together with other PEPFAR funded projects continue to work towards the improvement of monitoring tools aimed at measuring the use and effectiveness of its tele-education through the MINDSET Health Channel. The project is not intending to provide additional support towards the expansion of the said channel but will benefit from such expansion (as made possible by the South African Government as well as other PEPFAR partners) as these will increase the reach and accessibility of MMIS Injection Safety content to additional health facilities in the country. The current reach of the Mindset Health Channel covers 300 facilities, 79 of which were connected by JSI through its MMIS project. The rest of the facilities networked with PEPFAR partners as well with individual provincial departments of health. In addition, the project will continue to work closely with the NDOH's Quality Assurance and Environmental Health Directorates to have trainers trained during past fiscal years cascade the training in their districts and facilities. Training of trainers will also take place together with an increased focus on phlebotomy. MMIS trained more than 2,000 healthcare workers in FY 2007.

ACTIVITY 2: Behavior Change Communication

FY 2008 funds will be used to continue to disseminate educational materials to healthcare workers and the communities they serve. The community outreach program will form part of the South African government's Khomanani campaign whereby community outreach workers visit 100,000 persons each month to disseminate health information. From FY 2008, MMIS content will officially become part and parcel of this campaign, at no additional cost from JSI. The visits will not only serve to educate and inform community members, but safety boxes for disposing of used medical injections at home will also be distributed where necessary.

ACTIVITY 3: Logistics and Procurement.

MMIS finalized a national Logistics and Procurement strategy in 2007. The key focus of the strategy is to increase sustainability in provinces and local government efforts to acquire commodities such as safety syringes that are now available on national and provincial tenders. Where needed, JSI will use PEPFAR funds as bridging funds to ensure transition to this effect. In Ethekwini such funding will be provided until March 2008 while the municipality goes on tender for sustained procurement beyond this period. In the Free State information from a 2007 analysis will be used to procure protective equipment for healthcare workers in FY 2008 to ensure an uninterrupted supply. In addition, special courses for logisticians and senior managers will be run to address weaknesses related to ensuring the uninterrupted supply of commodities such as sharps containers. Such courses will aim to increase skills and competencies for effective and efficient stock management for the first target group. They will also be aimed at improving contract management skills for the latter.

ACTIVITY 4: Norms and Standards.

Activity Narrative:

MMIS will work with the NDOH and the Council for Health Service Accreditation of South Africa to implement norms and standards on injection safety policy and waste management. A supervision check list will be developed to allow the structuring of mentoring and supervision of activities related to injection safety and infection control in healthcare facilities.

The Making Medical Injections Safer activity contributes to meeting the vision outlined in the USG Five-Year Strategy for South Africa by strengthening the health sector's capacity to provide safe medical injections and thereby represents an important prevention activity. It is a sustainable program that it is building human capacity and working closely with the South African government to implement long-lasting policies for injection safety. It also supports PEPFAR's goals of preventing seven million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7317

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23084	2945.23084.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	9891	249.09	Safe Medical Practices	$664,910
7317	2945.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4376	249.07	Safe Medical Practices	$0
2945	2945.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	2641	249.06	Safe Medical Practices	$2,115,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in medical injection safety	N/A	True
4.1 Number of individuals trained in medical injection safety	7,950	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

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: $22,427,539

Amount of total Other Prevention funding which is used to work with IDUs	$200,000
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$1,134,500

Program Area Context:

With an HIV prevalence of 16% in the population aged 15-49, most new HIV infections in South Africa occur in the general population, outside those groups usually considered to be most-at-risk populations (MARPs). Even in such a generalized epidemic, however, prevention for MARPs remains a key priority, especially interventions targeting commercial sex workers (CSWs) and their clients, men who have sex with men (MSM), injecting drug users (IDUs), the uniformed services and incarcerated individuals. A recent study documented very high HIV infection rates among drug-using CSWs and MSM, and among IDUs in major cities. Limited available data suggest that infection rates among some sex work populations exceed 65%.

At the same time, in the South African context, there are many subgroups within the general population that are at significantly elevated risk of acquiring or transmitting HIV. Among these are migrant and mobile populations, including miners, farm workers, informal traders and persons who live and work along transport corridors. In a recent study, migrant men had HIV prevalence rates double that of non-migrants. Over five million people living with HIV, many of them likely to have discordant partners, are a priority for secondary prevention.

Young women represent one of the highest priorities and greatest challenges for HIV prevention in South Africa. Not only is HIV incidence and prevalence extremely high among young women, recent research also indicates that their probability of acquiring HIV from exposure to a single infected partner is incredibly high. A recent study reports high levels of sex partner turnover for both young adult men and women. Coerced sex, especially involving young girls, has been associated elsewhere with increased risk of HIV, and is a widespread problem in South Africa. Many men and women abuse alcohol, which contributes to behavioral disinhibition, sexual violence, and HIV risk.

Certain geographic settings are also associated with higher risk behavior. Formal sex work is concentrated in inner cities, mining and border areas, and along major truck routes. Urban informal settlements have the highest HIV prevalence and incidence of any geographic setting. Eleven districts in three provinces have exceptionally high rates of HIV and appear to contribute disproportionately to the national epidemic.

While male circumcision can provide significant protection against HIV for both circumcised men and their female partners, rates of circumcision in South Africa—about 30%—appear too low to provide population-level protection from HIV.

Recently, the South African Government (SAG) launched the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP), with the goal of reducing new HIV infections by 50% by 2011. The NSP emphasizes improved access to male and female condoms, especially for 15-25 year olds, and to services for sexually transmitted infections (STIs), post-exposure prophylaxis (PEP), and counseling and testing. Other priorities are to address gender-based violence and prevention for MARPs (see important text on gender in comments box). The SAG makes male and female condoms widely available free of charge, and provides broad-based public education about condoms. The trucking industry, major transportation corridors and other migrant labor are also priorities for the SAG. The SAG is also giving consideration to providing safe circumcision services.

The USG Five-Year Strategy mirrors the SAG strategy in calling for expansion of prevention programs focusing on high-transmission areas, most-at-risk populations, and workplace efforts. Consistent with the SAG, the USG supports a comprehensive ABC approach, with linkages to HIV testing and care.

USG funding complements assistance from other donors. The USG and many donors co-fund Soul City's mass media and outreach activities. The Global Fund also co-funds several USG community outreach partners, and supports condom distribution and workplace programs through several NGOs. DFID/United Kingdom supports the SAG's free distribution of condoms and STI management. Sweden co-funds a comprehensive regional prevention program in the transport sector, together with the International Organization for Migration, the European Union, and the private road freight industry.

A review of the USG South Africa prevention program in 2007 highlighted the need for a more comprehensive and strategic approach, together with increased coverage and intensity of interventions for key at-risk populations. In particular, the review highlighted unmet needs for prevention among MARPs, young women in their twenties—especially those engaged in informal transactional sex, migrants and other mobile populations.

The FY 2008 COP budgets $24.7 million for 39 activities in the Condoms and Other Prevention program area. This includes significant resources, including additional FY 2008 funding, to expand existing programs and initiate new activities in response to the recommendations discussed above. With FY 2008 funding, the USG will significantly expand coverage of key MARPs, with an emphasis on formal and informal sex work and MSM. The USG will significantly increase support to NGO consortia in three major cities that provide linked drug treatment and comprehensive prevention and other HIV services for drug-using MARPs, and will broaden this activity to include non-drug using MARPs. In addition, a new activity will support development of a systematic framework for MARPS programming, and expand such programming to other "hot spots" utilizing formative research, mapping, and size estimation for different MARPs. These activities will emphasize targeted outreach and prevention education, linked to MARP-friendly STI, HIV counseling and testing, care and treatment services. The USG will continue to support ongoing prevention efforts in correctional facilities, and with sex workers and clients in inner city Johannesburg and selected mining communities. The USG will also continue to assist the South African Department of Defense in providing comprehensive coverage of the armed forces, with special attention to the role of alcohol in sexual risk-taking.

The USG will also expand programming for alcohol abuse. The new MARPs activity will include development of interventions to promote responsible drinking and adoption of HIV preventive behaviors, with a focus on bars, taverns and shebeens that are venues for meeting casual sex partners. Education on the role of alcohol in risky behavior will also be integrated into many of the initiatives described below.

A second major new activity will intensify prevention for migrant and mobile populations. The design of this initiative will be based on an assessment of priority needs in informal settlements, commercial farms, mining, transportation and border areas, recognizing that each of these localities and populations involve sector-specific risks and vulnerabilities and require distinct approaches. The USG will also seek opportunities to partner with the private mining, farming, and trucking sectors.

Another major new initiative will target the 11 “high transmission” districts, with a focus on adult male behaviors and the vulnerability of young women. Intervention design will draw on recent qualitative research on the drivers underlying multiple partnerships. Behavioral messages will emphasize partner limitation and consistent and correct use of condoms as key strategies for risk reduction. The USG will explore economic empowerment approaches to address the contextual factors that make it difficult for young women to adopt safer behaviors. Parallel activities will target the male attitudes, norms and behaviors that sustain sexual networks and drive concurrency and high partner turnover.

The USG’s overall approach to prevention with positives will be to integrate behavior change counseling into a comprehensive preventive package provided to all HIV-infected individuals through facility, community, and home-based care and treatment programs. To advance positive prevention, FY 2008 Other Prevention funds will support formulation of policy and guidelines by the SAG, and piloting of various community and facility-based intervention models.

PEPFAR will continue to scale up and improve PEP services for rape survivors through the network of Thuthuzela Care Centers and other appropriate networks, in partnership with the Presidential Women’s Justice and Empowerment Initiative. The USG will build on a previously developed best practice model that provides multi-sectoral, comprehensive care by linking the health, social service, police and justice departments, and expanding community education about PEP.

PEPFAR is in ongoing consultations with the SAG and UNAIDS on male circumcision (MC). FY 2008 funds are budgeted for an MC technical advisor at the National Department of Health, development of policies and guidelines, provision of safe clinical male circumcision, and creating and disseminating prevention messages in the context of MC. Training and service delivery activities will not be launched unless the SAG provides official approval.

Several partners are working in tertiary institutions; the USG will work with these partners to ensure that there is no overlap and that there is a strategy developed for addressing this population.

The USG will continue to complement abstinence and faithfulness-focused prevention efforts with education about consistent and correct condom use, delivered through both community outreach and mass media programs. USG-supported HIV and AIDS workplace and community-based programs will adopt this comprehensive approach to address risk-taking by adults and older adolescents in the general population. The USG will also continue to build SAG capacity to better manage condom procurement and distribution.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	2877
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6014877
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	48828

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	2813.08	**Mechanism:**	HSRC
Prime Partner:	Human Science Research Council of South Africa	**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:	3552.08	**Planned Funds:**	$824,500
Activity System ID:	13970		

Activity Narrative: SUMMARY:

The HSRC is using PEPFAR funds to implement and determine the effectiveness of two prevention-with-positives interventions to reduce HIV transmission risks for their partners.

The prevention-with-positives (PwP) activity will adapt and pilot an existing CDC intervention for promoting HIV status disclosure and behavioral risk-reduction strategies among people living with HIV (PLHIV). This intervention is known as Healthy Relationships. It is a support-group-based intervention designed to reduce HIV transmission risks for people living with HIV (PLHIV) and their partners using an interactive approach that includes educational, motivational, and behavioral skill building components. Once this intervention has been piloted, a second individualized intervention will be developed and pilot-tested for effectiveness. Both interventions will include messages on condom use for PLHIV. The major emphasis area for the activity is gender and human capacity development. Target populations include men and women of childbearing age, National AIDS Control Program staff, HIV-infected pregnant women and health care workers, doctors, nurses, community-based organizations (CBOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs).

BACKGROUND:

Among adults, the predominant mode of HIV transmission in South Africa is through heterosexual intercourse. PLHIV are an important group to target for HIV prevention activities (both to prevent re-infection with other HIV strains, and to prevent transmission to others), but to date prevention in this group has received little attention. Behavioral risk-reduction interventions targeting PLHIV will reduce new HIV infections and will complement behavior change prevention, including condom usage, efforts currently targeting uninfected people. Until now, people who knew they were infected with HIV had been largely ignored by HIV risk-reduction strategies in South Africa. There is an urgent need to develop behavioral and other supportive interventions to assist PLHIV to manage sexual situations, avoid acquiring new sexually transmitted infections, and to prevent the transmission of HIV to uninfected sexual partners. For behavioral risk-reduction to be successful among PLHIV, de-stigmatization must be an integral part of the intervention. Although there is also a need for broad-based stigma-reduction interventions at a community/population level, interventions for PLHIV can assist in managing the adverse effects of HIV-related stigma, including the hazards of disclosure of their HIV-infected status. The Healthy Relationships intervention is a small (support) group-based intervention which has been packaged and disseminated as part of CDC's Replication Project (REP). It has been implemented successfully in several U.S. states as part of an initiative by the CDC to provide HIV prevention interventions for PLHIV. This intervention has been adapted for local conditions and materials have been translated into isiXhosa, the predominant local language in the Eastern Cape. A second individualized intervention is being considered as many PLHIV have not yet reached a point when they are willing to disclose their status to others (including other PLHIV). The second intervention will focus on individual (one-on-one) positive prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

This activity was in the FY 2006 COP and FY 2007 COP, but implementation has been delayed due to late receipt of funds. The HSRC will use PEPFAR funding to adapt and implement the Healthy Relationships Program in the area around Mthatha in South Africa's Eastern Cape province. Funds will be used to employ ten support group facilitators and an administrative staff person to undertake formative evaluations at baseline and at one, three and six months after enrollment, and to develop or purchase training materials and videos. Each group of ten PLHIV participating in the Healthy Relationships intervention will attend five sessions of two hours each over a one to two month period. The effects of the intervention will be evaluated using before and after comparisons, and by comparisons to PLHIV who have not yet taken part in the intervention. A process evaluation will also be conducted.

The project will establish how well these interventions work in a rural under-resourced South African setting and will also determine the feasibility of scaling-up these interventions in other rural areas with a high HIV prevalence. The interventions will be framed by the challenges PLHIV face in establishing and maintaining satisfying relationships, with special emphasis on strategies for disclosing HIV-positive status to a sex partner. Skills for making effective HIV disclosure decisions will be taught for disclosing HIV status to non-sex partners, particularly family members, friends, and employers. The interventions will also address building skills for reducing HIV transmission risk through behavior change with a particular focus on male norms and behavior. Risk-reduction strategies arise naturally in the context of disclosing HIV status, with different implications for practicing protected and unprotected sex with HIV-infected partners, HIV-negative partners, and partners of unknown HIV status. An advocacy component will be incorporated to train participants to advocate for HIV testing and risk behavior reduction among partners, family members, and friends. In this way, the impact of the intervention will be spread among their social and sexual networks. Participants in both field tests will be assessed at baseline, immediately post-intervention, and at one, three and six months after completion of the intervention. Once the evaluation of these two interventions has been completed, they will be further adapted if necessary and expanded to other parts of the Eastern Cape, including the Kouga LSA. The HSRC will train additional lay counselors and other healthcare workers working in the public sector or for local NGOs, community-based organizations or faith-based organizations, in the delivery of positive prevention interventions, and will undertake monitoring and evaluation of the program.

FY 2008 COP activities will be expanded to include:

The development and adaptation of another PwP intervention, to be delivered as an individual intervention by community health workers. Individual PwP interventions are needed because issues of stigma and fear to disclose one's HIV serostatus may serve as barriers to participation in group-based PwP interventions. The one-on-one intervention will be based on the Options for Health PwP intervention developed by Fisher et al. This intervention will be adapted for use in a rural South African setting, and adapted for delivery by community health workers instead of clinicians (task-shifting). Following a formative phase to adapt the existing intervention in consultation with service providers and PLHIV in Region E of the Eastern Cape, training materials will be modified and translated into the local language (isiXhosa). This new intervention will be implemented and evaluated among 400 PLHIV participating in ART programs or wellness programs in Region E of the Eastern Cape. This individual intervention is likely to consist of 3 one-hour individual

Activity Narrative: sessions with a lay counselor delivered over a 1-month period. Both process and outcome evaluations will be conducted. Participants will be interviewed at baseline, at the end of the intervention, and at three and six months from the start of the intervention to assess the impact of the intervention on risk behavior, and disclosure.

In addition, the Healthy Relationships PwP intervention will be expanded to another geographic region in the Eastern Cape, most likely the Kouga LSA ensuring linkages with the HSRC PMTCT program activities being implemented in that same geographic region. HIV-infected pregnant women will be targeted for this PwP activity. The main purpose of these new activities is to increase the range of evaluated PwP interventions available to accommodate the varying needs of PLHIV and to expand the types of settings for providing PwP interventions, and to scale-up the coverage of PwP programs in South Africa.

These activities will contribute to the PEPFAR goals by developing prevention strategies for PLHIV and their partners, thus having an impact on prevention of new infections. This activity will also contribute to the National Strategic Plan (NSP) goal of halving the incidence of new HIV infections by 2011.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7314

Related Activity: 13968, 13975, 13974, 13971, 15081, 13972

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23160	3552.23160.09	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	9927	2813.09	HSRC	$400,255
7314	3552.07	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	4375	2813.07	HSRC	$500,000
3552	3552.06	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	2813	2813.06	HSRC	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13968	3553.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$1,649,000
13974	13974.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$200,000
13971	8276.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$300,000
13972	3343.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$2,348,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	800	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	2803.08	**Mechanism:**	N/A
Prime Partner:	Hope Worldwide South Africa	**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:	12323.08	**Planned Funds:**	$48,500
Activity System ID:	13960		

Activity Narrative: SUMMARY:

HOPE worldwide South Africa (HWSA) will continue to scale up its activities in the other prevention program area to support the expansion of a comprehensive HIV prevention program through a targeted program for people living with HIV (PLHIV) and for most at risk populations. This activity targets people living with HIV and AIDS, adults and mobile populations. The emphasis area for the project is gender, with a focus on addressing male norms and behaviors and human capacity development through in-service and pre-service training.

BACKGROUND:

The FY 2008 funded activities are part of an ongoing HIV prevention program of HWSA, funded by PEPFAR since 2003. HWSA will continue its Other Prevention program activities in Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape provinces to promote and strengthen prevention with positive interventions and prevention messages within its community outreach efforts. With FY 2008 funding, HWSA will expand to new areas, and in particular to peri-urban and rural areas in South Africa. The HWSA prevention program is aligned to the South African Government's (SAG) prevention strategy in its promotion of abstinence, fidelity and the correct and consistent use of condoms (ABC).

ACTIVITY 1: Prevention with Positives

HWSA's Prevention with Positives (PwP) program is an integral part of HWSA's comprehensive approach to care and support counseling and testing (CT) and prevention for vulnerable and at-risk populations. The PwP program aims to provide HIV-infected individuals with supportive services, through group counseling, that will assist participants to minimize the risk of infecting their sexual partners and re-infecting themselves. The PwP activity has been run as part of HWSA's care and support program for a number of years but became a priority for HWSA in FY 2007. Key interventions include educational counseling sessions on disclosure and partner notification, partner reduction and fidelity, consistent and correct condom use, family planning and treatment adherence. In addition, the program links with HWSA's CT services that offer both partner testing and couple counseling. A key target group with this component of the activity will be the identification of, interaction with, and support of discordant couples. The 75 established HWSA support groups, with 15 to 20 members each, are located in five provincial sites in Gauteng, Mthatha, Port Elizabeth, Durban and Cape Town. HWSA counselors co-facilitate group counseling and educational sessions (with trained group members) and provide one-on-one support and referral services. The program will pilot a new training for select support group members that enable them to become PwP mentors. These mentors will serve as "buddies" for newly diagnosed support group members and their families, providing them with intensive one-on-one counseling support and follow-up support. HWSA conducts all services in consultation with the National Department of Health (NDOH), the National Association for People Living with AIDS (NAPWA) and other PLHIV groups.

ACTIVITY 2: Condom Education and Distribution

HWSA prevention facilitators are posted at 45 partner clinics nationwide. These facilitators conduct weekly educational sessions on basic HIV and AIDS information, prevention including, appropriate, correct and consistent condom use. HWSA’s partner clinics typically service a range of individuals including adolescents aged 15-24. Adolescents will also be accessed through work done specifically with a youth clinic in the Western Cape and with youth focused CBOs across the different program sites. This activity also targets mobile populations in informal settlements through work done from the clinics situated in these areas. This activity draws on HWSA's experience in its Men as Partners (MAP) programs and includes sessions which address male norms and behaviors. The program also conducts educational sessions with mobile populations at taxi ranks, bars (shebeens), and shopping centers and other targeted public areas. During these sessions, counseling and testing for HIV and STIs is promoted, demonstrations are conducted and condoms and informational materials are distributed. Condoms are accessed free from the South African Department of Health. Prevention facilitators also provide counseling, referrals to counseling and testing facilities, treatment, post-exposure prophylaxis and gender-based violence services. With PEPFAR funding, facilitators and PwP mentors will receive new and refresher training on general HIV prevention, condom promotion and usage and distribution.

With FY 2008 funding HWSA will seek to expand its OP activities and work towards creating best practice models in both PwP and the promotion of the correct and consistent use of condoms. HWSA will also build into its OP program lessons learnt from the abstinence and be faithful (AB), MAP and parenting empowerment programs and to ensure linkages between these programs.

These HWSA activities will contribute to the PEPFAR objectives of averting 7 million infections, and support the USG PEPFAR Five-Year Strategy for South Africa by improving OP HIV prevention behaviors among youth and adults.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12323

Related Activity: 13966, 13959, 13961, 13967, 13962, 13963

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23151	12323.23151.09	U.S. Agency for International Development	Hope Worldwide South Africa	9925	2803.09		$0
12323	12323.07	U.S. Agency for International Development	Hope Worldwide South Africa	4485	2803.07		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	35	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1401.08
Mechanism: Management 1
Prime Partner: US Agency for International Development
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: 12324.08
Planned Funds: $194,000
Activity System ID: 13915
Activity Narrative: These funds will support the on-going costs of a prevention advisor recruited through the centrally-managed agreement with the Global Health Fellowship Program. The budget includes salaries, benefits, travel and housing.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 12324
Related Activity: 13914, 13918, 14490, 14488, 14489, 14491, 13916, 13917

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22776	12324.22776.09	U.S. Agency for International Development	US Agency for International Development	9793	1401.09	Management 1	$0
12324	12324.07	U.S. Agency for International Development	US Agency for International Development	4500	1401.07	Management 1	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 216.08

Mechanism: ACQUIRE

Prime Partner: Engender Health

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: 2920.08

Planned Funds: $520,000

Activity System ID: 13776

Activity Narrative: SUMMARY:
EngenderHealth's Men as Partners (MAP) Program works to reduce the spread and impact of HIV and AIDS and gender-based violence (GBV) by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women and pursuing multiple sexual partners. The MAP program uses various strategies, including skills workshops, community mobilization, health service provider training, media advocacy and public policy advocacy efforts to achieve its goal of gender norm transformation to reduce the spread of HIV and AIDS and GBV. This transformation will assist men and women to achieve behaviors such as abstinence, being faithful to one partner, correct and consistent condom use (CCC), reducing the numbers of sexual partners, treating women as equals, and circumcision. MAP targets adults, people living with HIV, religious leaders, refugees, teachers, CBOs, FBOs, and NGOs.
BACKGROUND:
Since 1998, EngenderHealth has received USG funding to support CBOs, FBOs and the South African Government to implement MAP. EngenderHealth's core strategy is conducting skills-building workshops on gender norm transformation. Through these workshops, (over 100), MAP develops "transformation agents" (TAs), peer educators who spread MAP messages and skills from the workshops to others in the communities. MAP encourages men to take action in their communities, challenging other men who are practicing behaviors that put them and their partners at risk for HIV and AIDS and GBV. MAP sponsors community education events and the formation of "community action teams" (CATs). MAP produces behavior change communication (BCC) materials which motivate males to address these harmful gender norms. EngenderHealth runs the "I am a Partner" campaign, focusing on defining what men can do be more gender equitable to reduce the spread and impact of HIV and AIDS. Through national campaigns, EngenderHealth engages national private sector, media and government partners to increase the effectiveness of MAP. EngenderHealth coordinates provincial MAP networks, creating a space for lessons among gender activists to be shared, and formulating a platform for national advocacy efforts, such as participating in the development of the South African National Strategic Plan in HIV/AIDS.
ACTIVITIES AND EXPECTED RESULTS
ACTIVITY 1: Tertiary Institutions
EngenderHealth will continue to build the capacity of tertiary institution peer education programs (with partners such as JHU/DrameAidE) to integrate gender norm transformation messages into HIV and AIDS programs of tertiary institutions peer education programs - specially with five institutions in the Western Cape, as well as at least three additional institutions in Gauteng province. These trainings will be offered on a quarterly basis, and at least five staff and TAs will be trained. Emphasis will be placed on skills-building of TAs to reach students on campus, as well as learners in local communities, with messages about CCC, the reduction of sexual coercion, reducing the number of sexual partners, and the prevention issues related to male circumcision. Beyond the training, EngenderHealth will assist in providing ongoing capacity-building assistance on a one-on-one basis, offering on-site and telephonic assistance on a range of management and content issues linked to gender norm transformation and HIV and AIDS.
ACTIVITY 2: School Community Action for Gender Equality
EngenderHealth will continue to capacitate at least four NGOs working with teachers and learners in school-based settings, focusing on the integration of gender norm transformation messages into HIV and AIDS programs. This program will work in priority communities in Gauteng, and KwaZulu-Natal (KZN) Provinces (in KZN, working with PEPFAR partner Mpilonhle). As well, EngenderHealth will work with school-personnel and student leaders to develop their capacity to link MAP messaging into the school curriculum. Similar trainings will be offered on a quarterly basis to staff and volunteers from about 20 selected NGO partners, tailoring specific knowledge and skills to the community-based partner. Typically, these trainings will have 20-30 participants and be 4-5 days. Similarly, more tailored capacity-building assistance will be offered to all the partners in person and telephonically. To help sustain this initiative, major support will also come from other development partners, including private sector entities. Currently, public-private partnerships opportunities are being investigated with the Ford Foundation (secured for NW province); De Beers Mining Company (secured for KZN province); Anglo American Mining Company (pending for KZN province), among others.
ACTIVITY 3: Capacity-building
EngenderHealth will continue building the capacity of at least four NGOs, CBOs, FBOs and private sector partners to integrate gender norm transformation activities related to HIV and AIDS. EngenderHealth will partner with groups based in strategic communities within Gauteng, KZN, and Western Cape Provinces. In addition, private sector partners will be engaged for such educational activities, with cost sharing options being examined. These organizations will be selected based on needs identified by public health indicators, capacity to reach community members, linkages to government funding sources, as well as willingness to integrate gender norm transformative approaches into their current efforts. Specific focus on EngenderHealth’s efforts in Johannesburg will focus on working with refugees. Tailored capacity-building assistance will be offered to all the partners via one-on-one, on-site, and telephonic sessions.
ACTIVITY 4: Government/ Key Stakeholders
EngenderHealth will continue building sustainable partnerships with government institutions at the national and local levels to build capacity related to integrating gender norm transformation and HIV and AIDS activities. In FY 2008, these institutions may include Department of Education, South African Police Services (SAPS), Department of Correctional Services, Department of Social Development and Department of Health. In addition, cost sharing options will be ensured to gain financial support from government institutions. The partnerships will include capacity building of specific units to carry out community mobilization activities linked to male gender norm transformation and HIV and AIDS. Similar trainings will be offered on a quarterly basis from all partners NGOs, tailoring specific knowledge and skills to the content of the community-based partner.
ACTIVITY 5: Clinical/Community Outreach
EngenderHealth will continue to provide direct prevention services on comprehensive HIV messages to men in various settings, including street outreach and in clinical settings. Typically, this program will reach over 250 men and their partners per month via formal and informal talks at clinics and on the streets/parks nearby. EngenderHealth will target specific services in Gauteng. In the Western Cape, EngenderHealth will work with its partners at the tertiary institutions to conduct such talks in the clinics, as well as community outreach programming they are doing in surrounding communities, targeting students in higher education institutions and unemployed men.
ACTIVITY 6: MAP Network
EngenderHealth continues to support the MAP network for information exchange and advocacy efforts. In both the Gauteng and Western Cape Provinces, EngenderHealth will host monthly meetings of its prime partners to exchange experiences and enhance programs. On a quarterly basis, additional key stakeholders representing other NGOs, CBOs, government agencies and general activists will gather to discuss issues,

Activity Narrative: exchange information and develop an advocacy platform on public policies relating to gender-norm transformation, HIV and AIDS and comprehensive HIV messages, including male circumcision, for EngenderHealth's advocacy program to take forward at the national and local levels. EngenderHealth will disseminate male circumcision messaging at the community level and within the MAP network.
ACTIVITY 7: National Campaigns
EngenderHealth will continue to promote comprehensive HIV messages through gender norm transformation via national campaigns. Priorities will be placed in implementing the annual National MAP Week, which motivates EngenderHealth partners to take action and host various community events raising the profile of MAP's messages. Working through national campaigns, EngenderHealth engages national private sector, media and government partners to increase the effectiveness of MAP. Example activities during the week may include community marches and rallies, sports days, men's meetings, school debates and mass media appearances. EngenderHealth MAP staff will collaborate with other NGOs and government institutions to organize additional campaigns related to MAP messages, including 16 Days of Activism on Violence against Women; Youth Month, and Men's Health Month. BCC will be developed to motivate men to transform themselves for gender equality and challenge others men to do so as well. EngenderHealth will also collaborate with various media partners to spread MAP messages via mass media channels.
ACTIVITY 8: M&E
EngenderHealth staff will also continue to conduct monitoring and evaluation activities through process and impact assessments. Each event is documented, as well as knowledge and attitudinal assessments conducted of participants. In FY 2008, EngenderHealth will also finish an impact evaluation study being done in collaboration with Mpilonhle, measuring the effectiveness of MAP strategies in a rural KZN community.

This program contributes to the 2-7-10 goals by increasing the number of men accessing HIV services; increasing the number of men using condoms and reducing their number of sexual partners; and reducing women's vulnerability to HIV by preventing GBV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7567

Related Activity: 13775, 13777, 13778, 14027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22769	2920.22769.09	U.S. Agency for International Development	Engender Health	9791	216.09	RESPOND	$533,998
7567	2920.07	U.S. Agency for International Development	Engender Health	4469	216.07		$450,000
2920	2920.06	U.S. Agency for International Development	Engender Health	2629	216.06		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13775	2919.08	6604	216.08	ACQUIRE	Engender Health	$690,000
14027	8241.08	6688	4755.08		Mpilonhle	$250,000
13777	12371.08	6604	216.08	ACQUIRE	Engender Health	$325,000
13778	7983.08	6604	216.08	ACQUIRE	Engender Health	$290,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Male circumcision

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	9	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,200	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4632.08	**Mechanism:**	N/A
Prime Partner:	South African Clothing & Textile Workers' Union	**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:	7933.08	**Planned Funds:**	$125,000
Activity System ID:	13818		

Activity Narrative: SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) project has received PEPFAR funding in previous years through a sub-agreement with the Solidarity Center, but in FY 2007, SACTWU received direct PEPFAR funding. SACTWU has a well-structured training program, initiated in 1999, that has evolved within the dynamics of the industry and includes basic facts on HIV, AIDS, abstinence, being faithful and condom use. The major emphasis area of the activity is training. Target populations include factory workers and people affected by HIV, HIV-infected adults, especially women, and the business community.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. Hence, SACTWU members form part of the economically active population that has been identified as being the hardest hit by the HIV and AIDS epidemic. Further, around 66% of SACTWU's membership is female, mostly between 20 and 60. The prevention program is a three-level training program that starts with a foundation phase on the basic facts of HIV and AIDS, abstinence, being faithful and consistent and correct condom use (ABC). In FY 2008 the training will focus specifically on the issues of multiple concurrent partnerships, and intergenerational sex. These facts are reinforced and strengthened with the intermediate and advanced modules of training. The intermediate module deals with legal aspects and workplace policy development. In the advanced module, delegates are trained to become trainers, lay counselors and home-based carers. SACTWU also has an HIV and AIDS awareness workplace program where trainers take the training to floor level in 30-minute sessions in the factories. The major emphasis of the workplace program is on prevention. A particular focus of the SACTWU AIDS Program is to create greater gender equity in HIV and AIDS programs and address male norms and behaviors.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides prevention and care services in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The SACTWU AIDS Project was initiated in 1998 and developed a national comprehensive program, with an initial focus on prevention. It has matured over the years to the point where it now has a well-structured comprehensive training program, provides "in house" voluntary testing and counseling (VCT) services, access to a social worker in KwaZulu-Natal, runs income generating workshops, provides a primary package of care through the VCT service, and provides home-based care through its regional nurses and a home-based care network in KwaZulu-Natal. The nurses provide some level of support in the home through home visits, but this activity is mainly implemented by the home-based care network of 19 home-based carers who provide ongoing home-level support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

The training program serves as an education program and addresses stigma and discrimination associated with HIV status for all workers, shop-stewards, managers and healthcare staff within the industry nationally. It also serves as an instigator for the demand for the care and treatment services offered through the SACTWU AIDS Project, including counseling and testing, and antiretroviral treatment. With PEPFAR funding SACTWU employs two trainers and a training coordinator fulltime to deliver all prevention programs in-house and achieve set targets. This activity will aim to educate shop-stewards and workers within the industry in the five provinces where the program is active and to address issues of HIV prevention, stigma and discrimination by empowering the delegates and repeatedly reinforcing the facts on HIV. The basic module emphasizes the ABC message of the South African government and aims to prevent new infections. SACTWU also has an intermediate module that deals with the worker's rights and HIV as well as development of workplace policies. Empowering individuals on their rights directly addresses the issue of stigma and discrimination. Workplace training is done throughout the year, but with additional focus in April and December. This training will be expanded in FY 2008 to cover additional sites and services added to the program, including a focus on the issues of children (pediatric HIV care and treatment), and TB.

ACTIVITY 2: Condom Distribution:

The SACTWU AIDS program will distribute male and female condoms. One of the reasons why the epidemic is more prevalent among women is the lack of power of women in the relationship, which impacts on negotiating condom use. By making available the female condom SACTWU allows women additional protection if the male partner refuses to wear a condom. The prevention training is complemented by activities like the condom man campaign as well as using drama to reinforce the prevention message--this helps to get HIV "out of the closet" and make it an interactive and informal discussion. The training focuses on the correct and consistent use of condoms, as per Department of Health training guidelines.

PEPFAR funding will be used for human resources costs related to the prevention program. These activities support the overall PEPFAR objectives of 7 million infections averted.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7933

Related Activity: 13821, 13819, 13820

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22861	7933.22861.09	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	9808	4632.09		$80,100
7933	7933.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13821	13821.08	6624	4632.08		South African Clothing & Textile Workers' Union	$300,000
13819	7932.08	6624	4632.08		South African Clothing & Textile Workers' Union	$1,000,000
13820	7934.08	6624	4632.08		South African Clothing & Textile Workers' Union	$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas
Free State
KwaZulu-Natal
Eastern Cape
Gauteng
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	274.08	**Mechanism:**	Masibambisane 1
Prime Partner:	South African Military Health Service	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	2978.08	**Planned Funds:**	$275,000
Activity System ID:	13824		

Activity Narrative: SUMMARY:

This prevention activity mainly addresses workplace programs and includes a spectrum of activities such as mass awareness; peer education on HIV prevention and gender equity through experiential learning and theories of behavior change in adults; substance abuse prevention; training of South African Department of Defense (DOD) members to develop and conduct prevention programs; and reducing stigma and discrimination through guided introspection about participants' sexuality, case studies about people living with HIV (PLHIV) fact sheets addressing myths, and confronting topics such as fear, stigma, isolation, discrimination and marginalization. The primary emphasis area for this activity is training, while minor emphasis will be given to information, education and communication (IEC), strategic information, workplace programs policy guidance, quality assurance and community mobilization/participation. Due to new evidence, safe male circumcision practices will be integrated as part of the HIV prevention program. Target populations include military health workers, doctors, laboratory workers, adults, people living with HIV and AIDS, and out-of-school youth within the military.

BACKGROUND:

Masibambisane is an integrated prevention, care and treatment program in the SA DOD, addressing the management of HIV and AIDS within the Department by interventions that target SA DOD personnel and their dependants. The prevention programs include mass awareness; workplace programs with condom distribution through condom containers in military units and sickbays (container supplies monitored by workplace managers); information, education and training; gender equity and substance abuse programs delivered by social workers, psychologists, occupational therapists, peers and peer educators. The program uses communication and education through a wide range of media such as pamphlets, posters, industrial theater (dramatic plays that address coping with stigma and discrimination in the workplace) and videos.

The overall activities are ongoing and in FY 2008. the activities will be continued and expanded upon by broadening the curriculum and reaching more SA DOD members. The activities are implemented in a decentralized manner in military units throughout South Africa by various role players and coordinated on a regional level by Regional HIV and AIDS Coordinators in the Masibambisane Program. A Knowledge, Attitudes and Practices (KAP) survey (SA DOD, 2006) indicates that there is an overall increase in knowledge about prevention; however work still remains on preventing risk behavior practices related to HIV infection. Community awareness and education programs include celebrations of World AIDS Day and other HIV-related international and national days, exhibitions and displays, sport and recreation activities that focus on HIV prevention and healthy living and unit competitions with HIV prevention as a focus. All HIV training packages are centrally-developed by the SA DOD HIV Advisory Committee and the Social Work Research and Development Department. Training aims are tailored to target groups (i.e. - healthcare workers, peer educators, or occupational therapists).

ACTIVITIES AND EXPECTED RESULTS:

Due to the scope of the program area, the SA DOD will carry out nine separate activities.

ACTIVITY 1: Workplace Programs

Workplace programs will be established through the training of unit commanding officers, workplace program managers and military community development committees. Workplace programs include discussions of safer sex practices with demonstrations of the correct use of male and female condoms and the distribution of condoms via workplace-manager monitoring of condom containers placed in each military unit and military sick bay. Condoms are obtained through the National Department of Health (NDOH) via their distribution mechanism. This activity will be linked with the values and ethics-based intervention in the Abstinence and Being Faithful program area and the gender equity training discussed under Activity 4 in this narrative.

ACTIVITY 2: Peer Education

This activity will focus on peer educator training and training of peers. This includes training during mobilization and preparation for mission readiness as well as training in the operational area. Other components of this program are: knowledge and attitudes about HIV, skills required to act as peer educators, and how to run HIV peer group training. This is accomplished through adult learning. Activities include information about sexuality and occupational exposure to HIV.

ACTIVITY 3: Medical Transmission and Injection Safety

SA DOD will focus on the prevention and management of occupational exposure to HIV infection, including medical transmission and injection safety through the placement of first aid kits in all workplaces, provision of personal protective equipment, training of healthcare workers and cleaning staff on occupational health and safety, and the development and publication of relevant IEC material.

ACTIVITY 4: Gender Equity

This activity will address gender equity and HIV through gender equity training, women empowerment and men as partner projects, workshops, seminars and awareness campaigns on gender equity as well as the development and printing of IEC material in this regard. This activity will be linked with the values and ethics -based intervention in the Abstinence and Being Faithful program area and the peer education and training discussed earlier in this narrative.

ACTIVITY 5: Substance Abuse Prevention

The development of a model and strategy and implementation of a substance abuse prevention program will be the focus of this activity. This will consist of training of line commanders on the link between HIV and substance abuse and a substance abuse summit for services and divisions.

ACTIVITY 6: Brief Motivational Interviewing

Activity Narrative:

Expansion of the pilot study on the use of brief motivational interviewing as a prevention strategy with a particular focus on the prevention of HIV transmission from HIV-infected individuals.

ACTIVITY 7: Information Sharing

Diffusion of innovation through attendance of PEPFAR prevention partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

ACTIVITY 8: Awareness Campaigns

SA DOD will conduct mass awareness activities at the regional level that focus on celebrations of World AIDS day and other HIV-related international and national days, exhibitions and displays, sport and recreation activities that focus on HIV prevention and healthy living and unit competitions with HIV prevention as a focus.

ACTIVITY 9: Male Circumcision

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. In the absence of such approval and based on discussions with the PEPFAR South Africa team, funds could fully or partially be reprogrammed. Should the approval for safe clinical male circumcision activities be given, the following male activities are proposed:

The demand for circumcision must be matched by provision of adequate equipment and training of personnel to conduct safe, voluntary and affordable male circumcision. Increased provision of accessible safe adult male circumcision services should increase opportunities to educate men in areas of high HIV prevalence about a variety of reproductive and sexual health topics, including hygiene, sexuality, gender relations and the need for ongoing combination prevention strategies to further decrease risk of HIV acquisition and transmission.

Four main sub-activities will be included in the HIV prevention program:

-Review of policy on male circumcision in the SA DOD;
- Development of clear, consistent and accurate mass awareness messages that promote safe male circumcision within the context of broader approaches promoting male sexual and reproductive health and responsible sexual behavior;
- Capacity building of health care professionals to provide safe male circumcision services; and,
- Increasing access for the provision of safe male circumcision service delivery.

Training and messaging would be coordinated with the NDOH and with JHPIEGO, EngenderHealth, and the NDOH TBD program on male circumcision.

Program implementation will be supported and supervised through staff visits to the regions and monitoring and evaluation through the HIV and AIDS Monitoring and Evaluation Program of the SA DOD to ensure performance. Most of the activities and interventions are well established and the challenge in this regard is to expand interventions to reach an optimal number of members in the SA DOD. The activities will be scaled-up to reach more dependants; including children of military members.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7439

Related Activity: 13822, 13823, 13825, 13826, 13827, 13828, 13829, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22784	2978.22784.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$266,999
7439	2978.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$225,000
2978	2978.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Male circumcision

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	403	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,650	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,200	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4762.08	**Mechanism:**	N/A
Prime Partner:	Ubuntu Education Fund	**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:	8266.08	**Planned Funds:**	$50,000
Activity System ID:	13847		

Activity Narrative: SUMMARY:

Ubuntu Education Fund (Ubuntu) aims to prevent HIV transmission by promoting safe and healthy sexual behavior, and conducting community outreach activities among at-risk youth and adults in high-density, high -poverty areas including informal settlements in the townships of Port Elizabeth, a city in the province of the Eastern Cape, South Africa. Emphasis areas are addressing male norms and behaviors, reducing violence and coercion. Specific target populations are male and female adolescents (ages 15-24), men and women 25 and over, discordant couples, people living with HIV and AIDS, men having sex with men, persons who engage in transactional sex but do not identify as persons in sex work, and street youth.

BACKGROUND:

For the past six years, Ubuntu has provided targeted HIV prevention community outreach activities in the townships of Port Elizabeth. Outreach strategies focus on preventing HIV infection by building skills and promoting health-seeking behavior such as accessing voluntary counseling and testing (VCT) and antiretroviral treatment (ART) and other health services. Ubuntu works with the National Department of Health (NDOH) and the Nelson Mandela Bay Metropolitan Municipality's AIDS Training, Information and Counseling Centre (ATICC) to distribute condoms and promote uptake of health services. Outreach facilitators engage ward councilors in community outreach activities in their areas.

Ubuntu became a PEPFAR partner in FY 2007 and has only recently received funds.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Outreach Messaging

Based on current HIV prevalence rates among people accessing voluntary counseling and testing (VCT) services at clinics in the operational area, the targeted communities are at extremely high -risk for HIV infection, consistently above the already high average prevalence rate of 34.5% for the Nelson Mandela Bay Metropolitan Municipality. Outreach messaging focuses on increasing awareness of personal risk, making knowledge of personal and partner HIV status a relationship norm, increasing knowledge of sero-discordancy in couples, promoting consistent and correct usage of male and female condoms, and improving awareness and uptake of HIV clinical and community support services. With PEPFAR support, Ubuntu will scale up the outreach program with additional outreach workers in FY 2008 to fully reach target communities and increase outreach activities in partner clinics linked to immediate access to VCT. Outreach activity will focus on risk perception around multiple and concurrent partner and as part of incorporating a stronger gender perspective into outreach activities, Ubuntu is partnering with Engender Health to incorporate a 'Men as Partners' (MAP) approach in the community outreach program. MAP outreach will engage boys and men in addressing gender-based violence, reproductive health and encourage their participation as caregivers. Ubuntu will work with other community-based organizations (CBOs) to hold interactive workshops that challenge gender roles impinging on girls and women's rights and exposing them to gender-based discrimination, violence and loss of power. Workshops also break taboos by educating community members about same sex relationships.

The outreach team and volunteers reach 25,000 people per year in KwaZakhele, Zwide, Soweto, Veeplaas and New Brighton. The outreach team maps each target area for clinics, taxi ranks, markets, taverns, and networks with CBOs, support groups, neighborhood structures and community leaders. The program uses a variety of outreach activities to build knowledge and skills, to promote care-seeking behavior and to provide information on how to access local VCT and treatment services. Every week outreach facilitators plan a route through their area that involves (1) door to door campaigns, (2) street outreach, (3) clinic outreach, (4) networking with community peer educators, (5) conducting community workshops, (6) community events, and (7) supplying condom service outlets.

Door-to-door campaigns are conducted by outreach facilitators in identified high-risk, high-poverty areas. Facilitators introduce Ubuntu Education Fund services and engage adults and youth in discussions surrounding HIV and AIDS topics and identify health issues within the household. On-the-spot referrals are common, allowing Ubuntu to access difficult to reach populations.

Street outreach involves meeting individuals and small groups on the street in high-poverty, high-density areas to introduce Ubuntu services and initiate a discussion on HIV prevention issues. Very often these discussions turn into impromptu workshops and discussion groups as people gather. Outreach facilitators are able to ascertain barriers to accessing care, identify areas in the community where information is scarce and utilize this information on an ongoing basis to refine and improve messages. The outreach workers distribute isiXhosa information, education and communication (IEC) material including Ubuntu brochures detailing services, STI and HIV material from Khomanani (the South African government's mass media campaign) and Soul City, referral cards detailing locally available STI/VCT/TB/ART services, and male and female condoms (supplied by the SAG).

ACTIVITY 2: Education Sessions

Every morning facilitators conduct outreach education sessions at primary health clinics; conduct clinic outreach with a focus on VCT, treatment literacy, and living positively. These outreach sessions occur at the following clinics in the target area: Soweto Clinic, Veeplaas Clinic, Zwide Clinic, KwaNdokwenza Clinic, KwaZakhele Clinic, and KwaZakhele Day Hospital. Outreach facilitators conduct outreach in clinic waiting rooms on HIV topics while encouraging people to take advantage of VCT. Uptake of VCT is measured on these days to assess impact.

In each target area the team has cultivated relationships with community opinion leaders and enlisted their support to provide ongoing education to their peers and community members as point people on HIV and AIDS issues in their communities. Community volunteers are community leaders such as ward councilors, heads of neighborhood structures, clients, CBO leaders, and other community stalwarts who have offered to help others access resources and support. Community volunteers are trained in HIV and AIDS topics including transmission, prevention, VCT, and accessing care services. They assist in the identification of vulnerable families for referral into care and support services, and supply condoms with education within

Activity Narrative: their area.

ACTIVITY 3: Prevention Workshops

Every week Ubuntu conducts four to five HIV prevention workshops of 15-20 people each for established community groups, CBOs, (groups, or through networking in specific areas to gather community members. With formal groups there are workshop series over 3-4 weeks on HIV prevention and care.
Topics range from general HIV and AIDS information; STIs, TB and other opportunistic infections; stigma; living positively; and substance abuse, and HIV prevention. The organization focuses on young women in their twenties and adult men who engage in risky behaviors with emphasis on partner reduction. Ubuntu strives to increase involvement of PLHIV; in the workshops, Ubuntu integrates education about the role of alcohol in increasing risk behaviors into programs for adults; youth and high-risk population; and Ubuntu supports a comprehensive ABC approach. Ubuntu also conducts Men As Partners workshops twice every week reaching about 50 men per week.

ACTIVITY 4: Community Events

Every month Ubuntu holds a community event in a different area focusing on VCT uptake and HIV prevention skills. These informal events are late Friday afternoon open-air community gatherings where a DJ gathers a crowd and staff delivers a short presentation on specific HIV prevention topics. Up to 30 Ubuntu staff and volunteers then spread out into the crowd to lead discussions on HIV prevention and available services with small groups, while distributing condoms and IEC materials. Ubuntu holds high impact community events to coincide with national events such as World AIDS Day; Condom Day and an AIDS Candlelight memorial.

Outreach facilitators and community volunteers supply condom distribution points throughout target areas every week. Locations for condom distribution include taverns and restaurants as well as a number of condom service outlets with trained peer volunteers who distribute condoms from their venues or homes with education on correct usage. Ubuntu is a direct distributor of male and female condoms provided by the South African government.

These results contribute to the PEPFAR 2-7-10 goals by improving awareness of the need to know personal HIV status in the target community, improving awareness of VCT services in target area, increasing demand for VCT services, especially among men, increasing consistent and correct condom usage among men and women, reducing gender-based violence among target populations and increasing participation of men and boys in community HIV prevention initiatives.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8266

Related Activity: 13846, 13848, 13849, 13850

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22805	8266.22805.09	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	9796	4762.09		$48,545
8266	8266.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13846	8261.08	6632	4762.08		Ubuntu Education Fund	$200,000
13848	8263.08	6632	4762.08		Ubuntu Education Fund	$75,000
13849	8272.08	6632	4762.08		Ubuntu Education Fund	$250,000
13850	8265.08	6632	4762.08		Ubuntu Education Fund	$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	30	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	519.08	**Mechanism:**	N/A
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine	**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:	3068.08	**Planned Funds:**	$200,000
Activity System ID:	13853		

Activity Narrative: SUMMARY:

The University of KwaZulu-Natal (UKZN) Nelson Mandela School of Medicine (NMSM) is using PEPFAR funds to support the development and implementation of innovative prevention messages specifically adapted to the cultural practices of traditional healers (izangoma and izinyanga) in KwaZulu-Natal (KZN). The major emphasis area for this program is information, education and communication, with minor emphasis placed on community mobilization and participation, human resources, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes traditional health practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal KZN and Ethekwini Traditional Health Practitioner Councils, and THPs in Ilembe and Umgungundlovu Districts (to the North and West of eThekwini respectively) who are also members of the KZN THP Council.

BACKGROUND:

The University of KwaZulu-Natal (UKZN) has an ongoing collaboration with associations of traditional healers in Ethekwini District, and the larger KwaZulu-Natal (KZN) province. Traditional Healers are extremely influential in KwaZulu-Natal, and are a resource in HIV and AIDS prevention and mitigation at the community level. They are also generally considered to hold conservative attitudes towards sexual practices and abstinence that make them natural partners in HIV prevention efforts. This project provides THPs with the necessary tools and training to act as effective HIV prevention agents. The message of Abstinence, Be Faithful, and Condoms (ABC) has not been entirely successful in the Zulu cultural context. These issues are continuously explored with the THPs in this program and UKZN is constantly developing more effective ways of communicating prevention messages that resonate in the Zulu cultural context. Project training, prevention message delivery and follow-up with the THPs emphasize a clear understanding of the facts of viral transmission in sexual practices and the necessity of barrier methods to prevent viral transmission during sex. THPs work with their patients and the community to change cultural practices (non-sexual) that can contribute to viral transmission, such as blood-letting, scarification (use of razor blades to make incisions for rubbing herbs directly into the bloodstream), and skin puncturing using porcupine quills that are frequently used in an African type of acupuncture. Prevention messages delivered in training courses and follow-up work with THPs emphasize the biomedical facts of viral transmission and the vital necessity of safety precautions to prevent viral transmission in these cultural practices. In FY 2005, with the arrival of PEPFAR funding, NMSM trained 224 traditional healers to deliver HIV prevention messages to their clients and communities. NMSM will implement the project in collaboration with the KZN and Ethekwini Traditional Healer Councils, with the eThekwini Health Unit, and the eThekwini District Health Office of the KZN Department of Health.

ACTIVITIES AND EXPECTED RESULTS:
NMSM will build on English and Zulu language prevention messages developed with the traditional healers by the KZN Provincial Department of Health. This project will also promote the understanding of infectious disease in the traditional healer culture. Engagement with THPs through this project both in training workshops and follow-up work have made it clear that the majority of THPs were previously uncertain about what HIV is, that there is a "virus" that is transmitted, how this virus is transmitted both sexually and through cultural healing practices, and how to prevent this transmission. Similarly most THPs were unclear about what the virus does inside the body, how the activity of the virus leads eventually to AIDS, and what steps could be taken to slow this progression. It was also unclear to most THPs what the relationship was between HIV transmission and other sexually transmitted infection (STI) transmission, and why it was so important to treat and clear up other STI pathologies. In KZN, HIV and AIDS are a heterosexual pandemic, and largely a behavior-driven epidemic. The following activities will be achieved:

ACTIVITY 1: Increasing Uptake of Prevention Messages

NMSM will work to increase uptake of HIV prevention messages from the healers by both genders (increasing gender equity in HIV and AIDS programs), specifically looking into novel ways to instill behavior change ideas into their patients through counseling on the need for prevention. In addition, Traditional Healers have specific practices that include use of scarification to introduce herbs directly into the bloodstream, and use of porcupine quills to introduce herbs through the skin. Both of these practices are discussed in prevention training sessions and modification of these practices to ensure there is no blood to blood transmission of the virus by the razor blades, porcupine quills, or fingers of the THPs is ensured.

ACTIVITY 2: Community Mobilization

THPs will organize Imbizos (community gatherings) with their traditional leaders and or village chiefs in the community. These gatherings will be used to discuss a number of topics including male norms and behavior, including domestic violence in the context of the Zulu culture. Community mobilization/participation will be used to enhance the capacity of traditional healers to deliver prevention messages as they work with their patients and their families. A small number of medical school faculty, support staff and traditional healers will receive salaries in order to facilitate this project. Specifically, they will be responsible for monitoring and evaluation and training.

ACTIVITY 3: Monitoring and Evaluation

Monitoring and evaluation activities will measure the effectiveness of these interventions. Supervision and monitoring will be achieved through regular site visits. Data from these activities will contribute to the development of policies and guidelines for working with traditional healers.

ACTIVITY 4. Building Local Organization Capacity

Local organization capacity development will expand the capacity of the School of Medicine, the Ethekwini and KZN Traditional Health Practitioner Councils. Through regular staff site visits, quality assurance and supportive supervision, the development and implementation of prevention messages will be carried out.

Expected results of this initiative for FY 2008 include the development of new, innovative prevention messages in English and Zulu, including messages to change cultural practices (non-sexual) that can contribute to viral transmission; the development of better understanding of cultural perceptions, leading to

Activity Narrative: better prevention messages;–training of THPs and improving their prevention message delivery capacity as they work with their patients and the patient families. In addition, increased correct and consistent condom usage among sexually active community members who are not amenable to abstinence/be faithful prevention messages; the assessment of the effectiveness of Other Prevention approaches within the Zulu cultural context in Ethekwini will also be achieved.

By expanding culturally and scientifically appropriate prevention messages to communities that receive much of their healthcare from traditional healers, the Nelson Mandela School of Medicine will directly contribute to the realization of PEPFAR's goal of preventing 7 million new infections. These activities will also support efforts to meet the prevention objectives outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7423

Related Activity: 13851, 13852, 13854, 13855, 13856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22735	3068.22735.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$174,763
7423	3068.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$100,000
3068	3068.06	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	2695	519.06	Traditional Healers Project	$180,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13851	9083.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$750,000
13852	3067.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$100,000
13854	3069.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$250,000
13855	6421.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$50,000
13856	3070.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	250	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	54,800	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

KwaZulu-Natal

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	510.08	**Mechanism:**	N/A
Prime Partner:	Soul City	**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:	6567.08	**Planned Funds:**	$1,700,000
Activity System ID:	13811		

Activity Narrative: SUMMARY:

"Heartlines" is a values-based, media-led intervention that aims to mobilize the faith-based community in Southern Africa to prevent the spread of HIV by promoting abstinence and faithfulness, as well as decreasing stigma and increasing care for those infected or affected by HIV and AIDS. The major emphasis area is information, education, and communication. Minor emphasis areas include community mobilization/participation and linkages with other sectors and initiatives. Target populations include children and adults, people living with HIV and AIDS, communities, teachers and faith- and community-based organizations.

BACKGROUND:

This is an ongoing activity and was first funded by PEPFAR in FY 2006. This intervention complements Soul City's existing activities; targeting faith-based organizations (FBOs) nationally using prevention messages that will best resonate with this group. It also complements the AB Soul City activities described elsewhere in the COP. Mass Media Project (MMP), a Soul City sub-partner, is implementing the project. It is an NGO set up in 2001 with seed financing and with technical support from Soul City. The MMP works with the Government Communications and Information Services as well as the Department of Education. Decreasing gender disparity especially in an FBO context is a key focus.

ACTIVITIES AND EXPECTED RESULTS:

"Heartlines" aims to revive in South and Southern Africans the positive value system that traditionally prevailed. In so doing, it will lead to the re-examination of people's norms and values. It aims to lead to the prevention of new infections, decreased stigma and increased levels of care for those already infected with HIV. It aims to mobilize at least 50 percent of all FBOs in South Africa in support of this objective. Implementation started in July 2006. All major FBO leadership have actively supported "Heartlines" to date and have pledged support for the future. FBOs will be mobilized through the provision of training materials and training. Committees in each province have been established to coordinate FBO activities and to facilitate the dissemination of materials and training. In order to create focus for mobilization a concerted period of action of 6 weeks annually has been identified. This intervention is a partnership with the Nelson Mandela Foundation, a major South African Bank and the Public Broadcaster, along with four other smaller donors. Between them, they have already contributed over $6 million to this intervention to date.

In September 2007 Soul City and its sub-partners are planning a major planning retreat to design its 5-year prevention strategy, and the USG will be important contributors to this process.

ACTIVITY 1:Distribution of eight TV drama films and a story book for use in multiple FBO settings

The eight films and the book were produced in FY 2006 with other donor funding. They were aired at primetime across all public broadcast TV stations and were hugely popular. Each film focused on a different value: abstinence and delayed gratification, self-control, perseverance, tolerance and acceptance of difference (stigma reduction), positive parenting with an emphasis on men, forgiveness and integrity and grace (second chances), as well as fidelity and partner reduction. A spiritual dimension was introduced in the dramas, which is, for most Africans, the highest source of moral authority. Multiple other media platforms in radio, TV and print media were used in the period of broadcast to integrate the values raised, in particular in relation to HIV and AIDS and other contributing social issues such as violence against women and so stimulate a national debate. These films were complemented by a book for parents on teaching values to children. The book includes ten stories to be read to 3-6 year olds, focusing on the same values as the films. Adult components are described here and in other sections of the COP. Both the children's book and films were adapted in the course of FY 2007 for use in FBOs; and a facilitator guide will be produced. They will be duplicated and distributed in the course of FY 2008 to at least 30,000 FBOs. Further training materials will be produced which are focused on assisting FBOs to organize for action around these values. They will enable the FBOs to review and respond to needs both within their congregations as well as in their communities. Through ongoing mass media programming these actions will be reported on so as to encourage others to also take action. The materials will be adapted for different settings, thus it is likely that the resource for a rural FBO will differ to that of an urban one, although the objectives will be the same. At least 26 training/mobilization events will be held nationally with FBOs in support of the materials and their messages PEPFAR funding will contribute 80 percent of this budget, with other donors funding the remaining 20%.

ACTIVITY 2: Adaptation of the films for use in workplace programs and prisons

Considerable interest has been forthcoming for the use of these films in workplace management and HIV and AIDS programs as well as from the Department of Correctional Services. Consequently an adaptation of the films will be made with support training materials for this purpose. PEPFAR funding will contribute to the development of the materials. The major emphasis area is information, education, and communication.

ACTIVITY 3: Adaptation of the films for use in schools

These films were adapted in FY 2006 for use in grade 10 classes and an accompanying facilitator manual was produced. In FY 2008 30,000 copies of the DVD and manual will be distributed to 6000 high schools for use in grade 10. In partnership with DOE, teachers will also be trained to use the materials.

ACTIVITY 4: Out of school youth

Based on the positive reception to "Heartlines" by youth, an initiative will, in the course of FY 2008, be rolled out that will target at risk and out of school youth. The initiative will mobilize youth using hip hop music through a series of competitions across the country, which will get youth to use hip hop to challenge their peers to live positive values. Radio and TV will cover these events. These events and the media coverage will be used to select youth ambassadors who "walk the talk". They will be trained in leadership, enterprise development and will be trained to be peer educators in their communities. FY 2008 funding will be used to establish this initiative but by FY 2009,"Heartlines" will be working with at least 500 youth across the country.

Activity Narrative:

ACTIVITY 5: Soul City training

Training is conducted by 18 partner NGOs in a cascade-training model. Trainees are given the support and skills with which to become mobilizers in their community. More than 200 training sessions will be conducted in FY 2008 with an average of 30 people per session. Although trainees will be equipped to teach parenting skills and AB prevention to parents in particular they themselves will be trained in ABC prevention as well .In the course of FY 2008 further values-based media programs will be developed under the “Heartlines” brand as an HIV intervention. They may include an initiative targeting preschool children and one aimed at teenagers. These will initially not require PEPFAR funding and will be funded by other donors. These materials will first have impact in South Africa and then be available for use across the region through Soul City's regional program. A major public-private partnership has been forged by the MMP, which sees approximately 50 percent of project funding provided by a South African bank, with a commitment to funding till 2010. Further funding will be forthcoming from the national public broadcaster as well. As the MMP is a relatively new organization, work will be done on career development and other organizational development.

These activities contribute to the PEPFAR goal of averting 7 million new HIV infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7397

Related Activity: 13810, 13812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22897	6567.22897.09	HHS/Centers for Disease Control & Prevention	Soul City	9821	510.09		$1,815,592
7397	6567.07	HHS/Centers for Disease Control & Prevention	Soul City	4400	510.07		$1,000,000
6567	6567.06	HHS/Centers for Disease Control & Prevention	Soul City	2687	510.06		$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13810	3055.08	6620	510.08		Soul City	$5,090,000
13812	3056.08	6620	510.08		Soul City	$485,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	131,620	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,032	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Other

Business Community

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4747.08

Mechanism: N/A

Prime Partner: GOLD Peer Education Development Agency

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: 8240.08

Planned Funds: $300,000

Activity System ID: 13761

Activity Narrative: SUMMARY:

GoLD Peer Education Development Agency (GoLD) was awarded first place in the Commonwealth Good Practice awards 2006. GoLD became a new partner to PEPFAR in FY 2007. The FY 2008 COP PEPFAR funds will support the expansion of comprehensive youth prevention services to facilitate the roll-out of the GoLD Peer Education (PE) model through three components: 1) development and dissemination of PE best practice methods and materials; 2) capacity building and training of PE participants; and 3) quality assurance of implementation of the GoLD Model. The primary emphasis areas for these activities are gender, human capacity development, and local organization capacity development. Specific target populations include adolescents (15-24), adults (25 and over), and teachers.

BACKGROUND:

This project is part of a larger initiative begun in 2004. The described activities are ongoing and will be scaled up in FY 2008 with the help of PEPFAR funding. GoLD partners work with suitable community organizations to implement its model using the secondary school system and other community youth servicing sites. GoLD works in conjunction with the relevant South African Provincial Government structures. GoLD manages and provides quality assurance of the implementation of GoLD PE of its sub-partners. GoLD assists its partners to align the PE programs with the South African Government (SAG) guidelines on prevention of HIV with a focus on youth as a priority population group. The GoLD model is implemented within Western Cape (WC), KwaZulu-Natal and Mpumalanga provinces of South Africa. GoLD is being implemented in collaboration with Provincial Departments of Education (DOE) and the National Department of Health (DOH). GoLD's sub-partners in WC are partly funded by the Global Fund via the WC DOH and the conditional grant via WC DOE. In other provinces, sub-partners are partly funded by HopeHIV. Two of the three activities will be implemented directly by GoLD. One activity, capacity building and training of PE participants, will be implemented in collaboration with 24 youth-focused community organizations that implement the GoLD model in various sites and train the youth peer educators (PEs). These organizations are: Youth for Christ (YFC, George, Knysna, Pietermaritzburg and Nelspruit), Masoyi Home-Based Care, Wagon of Hope, Planned Parenthood Association of South Africa (PPASA), MaAfrika Tikkun, Ukuthasa, Institute for Social Concerns, Christian Assemblies Welfare Organization, Club Coffee Bar Community Centre, Uniting Christian Students Association, OIL Reach Out, NOAH and Sethani. Nine additional organizations will be assessed in July 2008 and selected and trained in September 2008 to recruit peer educators from January 2009. Between 2007 and 2008, another batch of thirteen additional organizations will be selected to become GoLD implementing partners. The issues facing South African youth in HIV prevention are firmly entrenched in the social constructions of behaviors and identities and include unequal power in sexual relationships, gender-based violence and intergenerational sex. GoLD messaging is designed to look beyond awareness and reflect the complex social dynamics of HIV transmission. By reflecting these dynamics that youth face daily, the model is intelligible to youth and fosters critical awareness, transformation and long-term behavior change that increases gender equity, challenges male norms and behaviors and supports activities to strengthen sanctions against sexual violence and coercion. PEs are equipped to challenge stigma around HIV and to promote the reduction of discrimination faced by HIV affected and infected individuals. The GoLD curriculum emphasizes the message-giver as a role model. Peer Educators are equipped and supported to role-model lifestyles that promote, in order: abstinence; delayed sexual debut, faithfulness, reduction of sexual partners among youth and correct and consistent condom use.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Development and dissemination of PE best practice prevention methods and materials

GoLD will refine and disseminate an interactive and context-specific resource base of GoLD PE curricula and best practice implementation methods for use by GoLD staff; trainers and master facilitators; PE facilitators; PEs; and program managers implementing the GoLD PE Program within secondary schools and communities. Along with implementation guides, this also includes curricula that focus on social dynamics informing conceptions of gender, covering sexuality and the feminization of AIDS, to reduce the inequalities between men and women that have led to the increase of HIV and AIDS as well as challenging stigma around HIV and AIDS. Ongoing refinement and development of curricula and the implementation guides will involve human capacity development of representatives of implementing partners to provide constructive feedback on experiences and share their findings together.

ACTIVITY 2: Capacity building and training of PE participants

GoLD will train program managers and community leaders from 24 implementing organizations, as well as teachers, to implement the structured three-year GoLD Model in 132 secondary schools and communities through equipping and supporting adolescent PEs. PEs are supported by implementing organizations through a structured skills training and mentoring program. GoLD will assess and provide implementing organizations with intensive capacity building to deliver the GoLD model in schools where access is given by the provincial Department of Education within youth high risk behavior sites. GoLD will equip staff of the organizations through a structured capacity building program including modular training sessions, mentorship and provision of PE resources and best practice methods. GoLD will provide training to teachers to enhance the quality and ownership of the program for long-term sustainability. The implementing organizations will train adolescent PEs within the secondary school sites to fulfill specific PE roles and outputs over a three-year period in which they positively impact their peers.

It is anticipated that gender will be impacted through both the implementation of curriculum and the GoLD program environment. Youth in the PE program will work through gender issues within a safe and enabling environment (the GoLD program) and are given room to critically analyze and challenge gender norms, working together towards gender equality. The sessions in the Gender, Relationships and Rights module aim to raise awareness of rights in relationships among youth. Special attention is paid to sexual relationships, the rights of both boys and girls in these relationships, and gender violence that youth may experience in those relationships. The PE’s will in turn support each other as they work among their peers and communities. New GoLD trainers and facilitators will be recruited based on criteria that ensure their character and skills reflect the values and practices imparted through the curriculum and program design. A planned selection of both male and female facilitators and PEs will be aligned to the GoLD facilitator and

Activity Narrative: peer educator recruitment guidelines.

ACTIVITY 3: Quality assurance around implementation of the GoLD PE Model

This activity provides quality assurance around the implementation of the GoLD Model in secondary schools via implementing organizations, PE facilitators, and adolescent PEs. This will involve ongoing development and use of a robust information and communication technology infrastructure to 1) enable effective roll-out of the program in a way that enables ongoing monitoring and evaluation; 2) conduct bi-annual assessments of all implementing organizations; and 3) implement a comprehensive monitoring and evaluation system within all implementation sites.

The activities in the GoLD program contribute to the PEPFAR 2-7-10 goals to reduce new HIV infections among youth through: facilitating the structured promotion of safe and healthy behavior of HIV-infected and uninfected youth; improving access to services for affected youth and increasing positive youth role-modeling and advocacy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8240

Related Activity: 13760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22966	8240.22966.09	U.S. Agency for International Development	GOLD Peer Education Development Agency	9843	4747.09		$320,399
8240	8240.07	U.S. Agency for International Development	GOLD Peer Education Development Agency	4747	4747.07	New APS 2006	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13760	8239.08	6598	4747.08		GOLD Peer Education Development Agency	$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,004	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	927	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Coverage Areas
KwaZulu-Natal
Mpumalanga
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	5191.08	**Mechanism:**	N/A
Prime Partner:	Reproductive Health Research Unit, South Africa	**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:	9449.08	**Planned Funds:**	$339,500
Activity System ID:	13788		

Activity Narrative: SUMMARY:

Reproductive Health and Research Unit (RHRU), as part of an outreach project in deprived inner city areas, will implement four Other Prevention projects: Firstly, the provision of outreach prevention, clinical and support services to commercial sex workers at an inner city primary health care clinic as well as prevention information and condoms in the many brothels in Hillbrow, Johannesburg. Secondly, RHRU's sub-partner, CARE, will offer home-based information, support and referral, and capacity building activities to improve local faith-based organizations (FBOs), community-based organizations (CBOs) and non-governmental organizations (NGOs). Prevention measures will be used as the entry point to household-based work. Thirdly, RHRU will continue to provide a new program of prevention work for HIV-infected individuals, using "motivational interviewing" techniques to reduce risky behavior. Lastly, RHRU will promote the uptake of male circumcision through integration with existing services. Activities will include training, workshops and other outreach covering condom usage and negotiation. Concurrent partner/partner reduction strategies and HIV risk reduction will be integrated into all Other Prevention activities. The primary emphasis area for these prevention activities is human development. The primary target populations for these interventions are women, men, adolescents, people living with HIV, HIV-infected women including pregnant women, commercial sex workers and their partners/clients, brothel owners, community-based and non-governmental organizations (CBOs/NGOs). The sex worker component will be expanded in FY 2008 to an additional neighborhood in Johannesburg. Prevention with Positives (PwP) will also be continued in all CT and treatment programs.

BACKGROUND:

RHRU, a unit of the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV roll-out. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to Department of Health sites in three provinces. RHRU will continue these activities, and will continue both an inner city program (Johannesburg) and a district-wide program (Durban), focusing on providing support to complete up and down treatment referral networks. In addition, RHRU will continue the provision of counseling and testing (CT), palliative care and prevention services. RHRU will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others. It should be noted that the success of antiretroviral treatment (ART) scale-up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary healthcare programs such as tuberculosis (TB), family planning, antenatal/postnatal and STI services is critical. Prevention is an integral part of this system, and RHRU will focus its condoms and other prevention program on high-risk groups such as commercial sex workers and their clients, people infected with HIV, and also on building capacity of the CBOs and NGOs with which it works. RHRU will also continue to develop strategies to address underserved communities affected by HIV, such as couples (both concordant and discordant), high risk groups such as young people, and gender-based interventions with women at risk, including pregnant women and commercial sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV Prevention for Women At Risk

RHRU will continue to target a large community of commercial sex workers with prevention and care services, as well as treatment referral. The project is located in the deprived Johannesburg inner city, which is densely populated, transitory and poor, with high HIV and unemployment rates. All women will be referred for CT, and those with appropriate CD4 counts will be referred for ARV treatment. New treatment sites will be identified in needy areas of the city, and the organization will work with local public sector clinics in the area to sensitize staff to the special needs of this difficult-to-reach group and to provide outreach clinics in local brothels, which are the hub of commercial sex workers in Hillbrow and Berea Johannesburg. RHRU will also work with brothel owners, and clients and partners of commercial sex workers to increase their awareness and affect a change in their norms and behaviors regarding HIV and AIDS. A specific focus will be on changing gender norms through workshops and trainings, which will include such topics as alternatives to risky behavior, women's rights, and reduction of gender-based violence. The project will provide prevention outreach services including management of sexually transmitted infection (STI), provision of condoms together with messages regarding correct and consistent use of condoms, contraception and HIV prevention education including cross-generation and transactional sex, as well as support for those who wish to leave sex work. The project will play a critical role in raising awareness of HIV services and prevention through workshops and event days, and by distributing IEC materials. Furthermore, this gender-related project will conduct HIV counseling and testing on high risk and difficult-to-access groups, and will relate to the development of health networks and linkages by providing referral to HIV and TB care and treatment services where necessary. To aid the expansion and sustainability of this program, the local health authority will also contribute to this project. In addition, a manual has been developed to provide a toolbox for other health authorities seeking to replicate this program, and technical consultation will be provided. RHRU will share this with the Medical Research Council and others involved with high risk populations.

ACTIVITY 2: Prevention with Positives

There is very little focus on prevention in South Africa among people already infected with HIV. Prevention work to encourage safe-sex behaviors and limit infection and re-infection for those already positive is currently being developed by some South African organizations. Innovative prevention methods, the development of which will draw on models that have proven successful in other settings, will be introduced in South Africa. Clinicians will be trained in this specific focus area, and the program will be monitored and evaluated for efficacy. Programs that are proven successful will be expanded into other areas and used as examples for other organizations. In addition, RHRU is currently adapting a flipchart on contraception for HIV-infected clients for use by South African health care providers. This will be piloted in FY 2007-2008 and will contribute to improved prevention for positive clients and will be integrated into care and treatment programs.

ACTIVITY 3: Community-Based Prevention

Activity Narrative:

RHRU will extend care and support services further into inner city areas, and incorporate prevention and behavior change into their activities. With a combination of private sector and PEPFAR funding, RHRU runs an information and support center in a high-risk area. A team of counselors and caregivers will be launched from this center into the surrounding community. Team members will link with 30 households a week, with the primary purpose of educating them on HIV prevention and understanding risk. Using prevention messages as the entry to the household they will also assist them as needed with home-based care, reaching orphans and vulnerable children, men and women, as well as contributing to the destigmatization of HIV and AIDS.

ACTIVITY 4: Male Circumcision

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. In the absence of such approval and based on discussions with the PEPFAR South Africa team, funds could fully or partially be reprogrammed. Should the approval for safe clinical male circumcision activities be given, RHRU is proposing the following male activities:

Male circumcision has been identified as an important biological intervention that protects men from HIV infection. It also creates opportunities to engage with men over a variety of reproductive health and risk-taking issues. Men are grossly under-represented in terms of access to counseling and testing, as well as HIV clinical services, including ART. Circumcision programs may allow expanded access to all forms of care, including HIV testing. However, while the biological protection against HIV transmission has been demonstrated beyond doubt, issues such as acceptability, operationalization, disinhibition and programmatic integration, still remain. RHRU will explore the acceptability of integrating male circumcision into existing services to broaden uptake. This will include piloting "opt out" circumcision for neonates, and developing methods of raising awareness raising and counseling that address target groups including males and young people. All activities will be conducted in accordance with the South African Government's new Strategic Plan.

In FY 2007- FY 2008, RHRU will continue to undertake M&E activities to inform and develop quality HIV care. RHRU will be in a position to conduct targeted evaluations (TE) and Public Health Evaluations (PHE) of some of its prevention related projects in FY 2008-09. For each PHE, a detailed proposal will be developed and submitted to PEPFAR for review and funding approval.

RHRU will contribute to PEPFAR 2-7-10 goals by providing prevention services to a most-at-risk population in a densely populated, poor, and highly transient inner city community.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9449

Related Activity: 13789, 13790, 13791, 13792

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23044	9449.23044.09	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	9883	5191.09		$362,584
9449	9449.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	$110,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13789	9448.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$500,000
13790	9444.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$780,850
13791	9445.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$908,000
13792	9446.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$22,022,260

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Male circumcision

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	15	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,295	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 167.08

Mechanism: N/A

Prime Partner: Africare

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: 7920.08

Planned Funds: $145,500

Activity System ID: 13375

Activity Narrative: SUMMARY:

In addition to interventions promoting abstinence and being faithful, the Africare's Injongo Yethu Project approach is working through several community constituencies to promote other preventive behaviors. Activities will address target groups such as those frequenting taverns and using them for access to those engaged in transactional sex, and prisoners will be reached with messages emphasizing correct and consistent condom use and getting tested for HIV, as well as partner reduction in preparation for their release. Traditional healers will strengthen their activities across Lukhanji to promote counseling and testing (CT), prevent transmission during medical procedures, and provide messages on correct and consistent condom use, along with being faithful and partner reduction messages during their cultural dancing. Activities carried out by traditional healers also aim to reduce stigma. A follow-up survey on the effects of the community interventions will be considered for FY 2008. Emphasis will be on human capacity development through training and gender. Target populations include men, women, incarcerated populations and persons engaged in transactional sex.

BACKGROUND:

This is an ongoing activity, extending from the Abstinence and Being Faithful (AB) messages initiated with these groups. Traditional healers have been very active in combining messages into their cultural dancing, and have begun to refer clients for counseling and testing (CT). Two local associations of tavern owners have been trained and plan to encourage discussion as well as to share IEC materials in their establishments and keep condoms available. While there is not a formal sex worker trade in this community, informal transactional sex does occur and is frequently initiated at taverns. Monthly discussion sessions have been carried out in the male prison around HIV transmission and AB prevention. The local minimum security prisons have small populations (about 70 inmates) with short-term sentences and will return to their communities in a short time. Prisoners have expressed the need for prevention work, including condoms and condom information.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Prevention Messaging in Taverns

Largely through consistent and frequent messages using video and print materials and backed by trained tavern owners, correct and consistent condom use, along with reducing the number of concurrent sexual partners, will be encouraged. Tavern owners from the Whittlesea and Romanslaagte Community Policing Forums will continue to be coached in using IEC materials that can be used in their establishments. Included in their program will be an orientation to the local HIV services for testing and care (including treatment). Project support will also be used to provide videos and Xhosa print materials on condom use and reducing the number of partners. To reduce cross-generational sex, specific messages targeting the behavior of older men will be included. Gender issues, particularly prevention of violence against women and children will be addressed. VCRs and televisions will be made available on a rotational basis where they are not available on premises. Discussions once per quarter in each establishment facilitated by project volunteers will reinforce messages in addition to the informal discussions that will be generated by the videos and supported by the tavern owners.

ACTIVITY 2: Prevention Activities with Prisoners

Prisoners in the Sada prison for men and the Queenstown prison for women will continue to be reached with monthly discussion sessions. Videos will be used to trigger discussions and Xhosa print material on condom use, partner reduction and AB messages will be provided. Where condoms are not institutionally available, they will be provided, given permission from the authorities. In addition to affecting behavior while in prison, it is anticipated that significant information coupled with discussion while in prison will positively influence behavior after release into the community, including gender-based violence, gender relationships and at-risk social behaviors.

ACTIVITY 3: Prevention Activities with Traditional Healers

Traditional healers trained in the Hewu and Ilinge areas will be refreshed, updated and supported in their ongoing activities. Traditional healers in new project areas will be trained. Reinforcement of messages around limiting sexual networks through partner reduction and consistent condom use will be provided. Increased focus will be added on cross-generational sex and gender-based violence. Additional practice to build confidence in answering questions will be continued to be provided to promote independence from project staff. Information level messages from a wide variety of spheres of influence in the community has indeed been an initial focus (diffuse). While traditional healers continue to include sharing their advice on being faithful and condom use during the weekend dances (with clients and trainees), it is the role modeling and interpersonal skills development that will help traditional leaders to be more effective in prevention. A focus this year is on designing local interventions for effecting changes on male behavior in particular, and deploying approaches to youth that support protective choices.

ACTIVITY 4: Male Norms and Behavior

Violence reduction is addressed through several activities in the community. Traditional caretakers/ educators (amakankhatha) who educate male youth during traditional circumcision and initiation "school" are beginning to include emphasis on traditional norms and values that mandate respect and caring for women and children. This is to counter anecdotes of bullying behavior of young men toward women (even their mothers) when they come out of the school. Traditional leaders will include similar discussions with adult men with regard to violent behavior toward women and children. Peer Educators for out-of-school youth will continue to receive capacity building to lead youth discussions around gender issues and relationships. In-school youth (intermediate phase) will be introduced to issues of gender, how the other sex is seen, bullying, and consideration for others. Pastors and church leaders discuss mutual respect with couples. Youth both in- and out-of-school will be made aware of sexual abuse, prevention, and what to do if it happens. FY 2008 will include a continuation of the above activities, along with expansion into new communities.

Activity Narrative: By focusing on prevention among people at risk, Africare contributes to the PEPFAR goal of preventing 7 million new HIV infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7920

Related Activity: 13374, 13376, 13377, 13378, 13379, 13380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22576	7920.22576.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7920	7920.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13377	3752.08	6455	167.08		Africare	$485,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13379	2910.08	6455	167.08		Africare	$388,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Eastern Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	190.08	**Mechanism:**	N/A
Prime Partner:	Aurum Health Research	**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:	13690.08	**Planned Funds:**	$447,000
Activity System ID:	13690		

Activity Narrative: SUMMARY:
This activity will building on the existing program components (care, treatment and TB-HIV) to include a prevention activity, integrated into existing services. Aurum currently provides services in three sectors: public, private and NGO. This funding will allow Aurum to address prevention awareness and promote behavior change among the target populations, many of whom are at high risk (prisoners, refugees, miners and other mobile populations), including prevention messaging for people in the care and treatment program.

As per the South African Government ABC strategy, Aurum will address all these aspects, including messaging and training that promotes the correct and consistent use of condoms at South African government clinics, GP clinics and NGO sites. Aurum will continue to develop messaging for specific target groups such as young males, young women, pregnant women, mobile populations, and other target groups identified as being at risk in conjunction with other expert organizations. Aurum will emphasize messages that promote healthy choices regarding sexual behaviors and avoiding risky behaviors, especially concurrent multiple partnerships. Emphasis will be placed on avoidance of drug and alcohol abuse, delaying sexual debut and addressing transactional sex. One of the focus areas of this program is gender with a particular focus on addressing male norms and behaviors. Male circumcision will be encouraged within the context of local policy and guidelines. Aurum is working with one corrections facility and aim to be working with approximately four additional prison facilities in the next year. In one of the supported NGO facilities, based in central Hillbrow, Aurum is targeting homeless populations and street youth. The primary target populations are men, women, youth, prisoners and other most at risk populations (MARPs). For patients currently enrolled on the program (HIV-infected patients) messages about HIV prevention are continuously emphasized.

FY 2008 represents the second year of activity of the SME project which has a significant focus on prevention activities. The partnership with City of Johannesburg has enabled the establishment of a fixed site within the Bree Street Taxi Rank. In FY 2008, Aurum plans to undertake targeted prevention activities involving taxi drivers at a number of taxi ranks in the three targeted provinces. Attention will be paid to intensifying prevention activities in these groups through the syndromic management of STIs, peer education and active screening and counseling for substance use/abuse. This will include venue-based interventions aimed at targeting substance abuse and other risk behavior.

BACKGROUND:

Aurum supports activities which reduce the transmission of HIV through engaging target populations to provide messaging that encourages positive choices around sexual behaviors. The target population currently services with HIV care and treatment services are poor, underserved, and mobile. In partnership with ReAction! Consulting, another PEPFAR partner, community messaging is delivered to communities in the vicinity of NGO clinics in Mpumalanga through door-to-door campaigns. Utilizing the experience and tools from this facility, Aurum will expand its prevention activities in the other settings currently supported by Aurum. Health care workers that work in government clinics, GP clinics and NGOs will receive training from ReAction! Consulting in order to provide support in these activities.

The mining sector is a key platform to reach men. Stepping Stones is a workshop series designed to promote sexual and reproductive health. It addresses questions of gender, sexual health, HIV and AIDS, gender violence, communication and relationship skills. Stepping Stones has been shown to reduce high risk behavior and HIV incidence in a program in Africa. Aurum intends using this program in both the mining setting and in the prison population.

The SME Project targets workers in small, micro and medium sized companies, including market traders and taxi drivers who previously did not have access to HIV prevention, counseling and testing and treatment services due to incompatibility of their working hours with the operating hours of the public health facilities and the fact that the majority of SME employees do not have private health insurance. In placing services within taxi ranks and markets, partners and dependents of SME employees will also have access to these services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Targeted Training to Specific Groups
Men will be targeted, especially the large prison populations supported by Aurum, and in mining settings. Messages to men will be developed and training provided promoting behavior change, and addressing cultural norms of manhood and masculinity. This will be done in partnership with other PEPFAR partners. This includes messages to young men encouraging them to use condoms, reduce the number of sexual partners and avoid risky behavior. Messaging to young women, who make up the bulk of the current population served with Aurum's care and treatment services, will empower them to be involved in decision-making regarding sexual choices, requiring their partners to use condoms, empowering them to use female condoms, delaying sexual debut and avoiding gender violence. Young women will be encouraged to develop a positive self-image.

Aurum currently offers a number of courses that cover positive living and information on HIV prevention. The training, provided by Aurum social workers and a psychologist, will be offered to incarcerated communities, nurses, lay counselors and peers. The trainees will become implementers and peer educators. The training curriculum includes understanding the challenges of disclosure, how to help clients disclose safely, and how to address HIV and AIDS stigma, and is offered twice a year. In addition a module on Prevention with Positives will be included in the training provided to the counselors in the SME fixed and mobile sites as well as the health care workers and peer educators.

ACTIVITY 2: Promotion of Male Circumcision as a Method of Reducing Transmission
Based on existing evidence, male circumcision has been show to have an effect on the rate of HIV transmission. Aurum plans to undertake a situational analysis to understand the beliefs, attitudes and practices of male circumcision to understand the barriers for widespread circumcision implementation in limited a number of industrial and community sites. In settings where it is possible to provide circumcision, Aurum will provide training to ensure safe methods and encourage males to opt for this procedure. Activities will not be conducted without consent from the National Department of Health.

Activity Narrative:

ACTIVITY 3: Prevention and Treatment of Sexually Transmitted Infections (STIs)
Aurum will continue to provide training to health care workers on the syndromic management of STIs as a means of preventing the transmission of HIV, as many of the populations currently served with HIV care and treatment services are at high risk. Aurum will encourage the use of male and female condoms to prevent the spread of STIs. In FY08 the SME Project will focus on the issue of identification and treatment of STIs in taxi drivers and will provide these services within the Bree Street taxi rank.

ACTIVITY 4: Education to Prisoners and Miners on Gender
Various organizations that are involved in gender issues and a framework will be established to provide education and programs to males based at the corrections facility and a company within the mining industry. One of these is the Stepping Stones workshops to be implemented with peer groups. The 14 sessions for the separate peer groups cover the following topics: introduction for the group and development of group skills; Images of Men and Women: Exploration of Ideals and Realities; Images of Sex and Sexual Health Problems; Exploration of Love: What We Look for and Expect to Give; Exploring our Sexuality: Problems and Concerns about Sex and Reproductive Health; Conception and Contraception; STDs and HIV; Safer Sex; Gender-based Violence; Let's Look Deeper: Why we Behave in the Ways We Do; Assertiveness Skills: Part 1; Assertiveness Skills: Part 2; Dealing with Loss; Let's Prepare for the Future: Future Decisions and Changes.

Activity 5: Prevention with Positives
People that are identified as being HIV positive through counseling or testing will be rapidly assessed for additional risk behaviors. Once these have been identified the counselor will negotiate with the HIV positive client around methods of reducing the risk of transmitting the infection to other people or of becoming infected with additional strains of the virus. The session will end with the client either being referred for additional support or arranging a follow-up session with the counselor. This service will be provided at all fixed and mobile sites as well as within the workplace and in occupational clinics within the SME project.

Activity 6: Venue-based Interventions targeted at reducing substance abuse and other risky behavior.
In FY 2008, Aurum will commence venue-based interventions that will target nightclubs, shebeens, taxi ranks and sports venues and will involve one on one encounters where a rapid assessment will be made of an individuals risk behavior such as substance and alcohol abuse. The counseling session will aim to identify the risk that that behavior places the individual in terms for transmission of HIV and other STIs and will involve referral of the individual for further assistance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13689, 13684, 13685, 13686, 13687, 13688

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13687	2913.08	6574	190.08		Aurum Health Research	$3,651,000
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	217	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,638	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	227.08	**Mechanism:**	ASPH Cooperative Agreement
Prime Partner:	Association of Schools of Public Health	**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:	2932.08	**Planned Funds:**	$300,000
Activity System ID:	13385		

Activity Narrative: SUMMARY:

Through the Center for the Support of Peer Education (CSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR abstinence and be faithful (AB) and other prevention activities, support for orphans and vulnerable children (OVC), and system/capacity building goals by providing training, technical assistance, and materials development to government, non-governmental (NGOs), faith-based organizations (FBOs), corporate and other organizations using peer education strategies. CSPE is the first academic center devoted to developing and continuing improvement of a sustainable national inter-sectoral peer education system. The major emphasis will be training with minor emphasis on policy and guidelines and linkages with other sector and initiatives. Target populations include university students, adults, teachers, HIV-affected families, out of school youth, business community/private sector, community and religious leaders, program managers, South Africa-based volunteers, NGOs FBOs and CBOs.

BACKGROUND:

This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools (Rutanang) in wide circulation to improve how peer education is conducted in settings including schools, FBOs, sport and recreation, clinics, and worksites. Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., voluntary counseling and testing (VCT), treatment, OVC); and advocacy. The first HSPH initiative in workplace prevention activities was launched in 2005 with the South African Police Services and expanded through collaboration with the South African Business Coalition on HIV/AIDS (SABCOHA) and the Wits Business School (WBS). The latter is funded through the private sector, but adds to the expertise and influence of CSPE and provides trained peer educators who are deployed in other settings in the community.

ACTIVITIES AND EXPECTED RESULTS:

CSPE provides PEPFAR and non-PEPFAR partners with training and ongoing technical assistance and assists with the development and adaptation of educational materials, tools, policy guidelines, linkages and community mobilization, and strategic information focused on Other Prevention in multiple settings. All CSPE activities and materials explicitly and intensively address the following issues: male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining infected and affected children in school. Peer education with adolescents and adults emphasizes delaying sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education, having primary Other Prevention goals, is also a means for early identification and referral to services of vulnerable children and youth, and CSPE is pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in the design of peer education support systems, training of peer educators, and the content peer educators are trained to deliver.

While CSPE's peer education focuses on teenagers and older youth, young adults, workers and families through worksite programs and FBOs, it continues to emphasize the benefits and rewards of primary and secondary abstinence, delay of sexual onset, and fidelity. However, for many populations (out-of-school youth, some high school learners, university students, and adults) it is also necessary to address information, attitudes and skills concerning reduction in number of concurrent partners, condom use for those who are not abstinent, improved diagnosis and treatment of sexually transmitted infections (STIs), and promotion of voluntary counseling and testing (VCT). Through CSPE’s partners, target groups include urban informal settlements, a focus on young women in their twenties and adult men who engage in risky behaviors, an emphasis on partner reduction and delay in consecutive sexual partners. Through certain partners there will be an increased involvement of people living with HIV (PLHIV). All of CSPE’s activities will enhance the integration on the role of alcohol in increasing risk behavior into programs for adults; youth and high risk populations and continue to support a comprehensive ABC program.

In all settings, a persistent reconsideration of male roles and behavior, reductions in gender violence and discrimination, and encouragement of participation in organizational governance are critical CSPE peer education prevention strategies. Peer education activities at worksites also emphasize the roles audiences play as parents, grandparents and guardians, and prepare them to promote abstinence and sexual safety for their children.

ACTIVITY 1: Eastern Cape, Mpumalanga and Limpopo Department of Health

CSPE will conduct other prevention training for clinic-based staff at provincial and district level and provides Training and Technical Assistance (T&TA), planning, M&E for peer education programs. The clinic-based peer education program involves the selection and training of peer educators to reach youth from the community through time-limited structured sessions. Clinic staff are selected and trained as supervisors who will support and manage the peer educators.

ACTIVITY 2: South African Police Services (SAPS)

CSPE will develop materials and tools, provide ongoing T&TA, and assist with M&E as SAPS reconsiders its original workplace program. Sixty peer educator supervisors and trainers from nine provinces will be supported; each supervisor is responsible for an average of eight peer educators, and the number of SAPS personnel expected to be reached by these peer educators is 9,600.

ACTIVITY 3: Eastern Cape, Free State and Western Cape Departments of Education - FET Sector

Peer education addresses other prevention in the Further Education and Training, Colleges sub-sector. CSPE will work with management and education staff from selected campuses to develop and strategic plan for the sectors HIV and AIDS response. This response includes peer education as a strategic intervention. Educators and student counseling staff will manage and supervise the peer educators’ work with other students to implement a structured and rigorous intervention. CSPE will investigate providing possible support for HIV and AIDS education for students (youth and adults) in Further Education and

Activity Narrative: Training (FET) institutions in the EC and WC province. Included in the above target explanation is expansion of T&TA to the FET sector in Free State to selected multi-campus colleges and include situation analysis, strategic planning and program design contributing to the sector response. This expansion phase will include implementation of peer education as a workplace intervention and peer education as a prevention strategy for students.

ACTIVITY 4: Worksite Programs

CSPE will provide planning, T&TA, materials development and M&E support to four public sector departments or corporate entities. The project will target supervisors from selected sites and trainers for this support; their work will involve prevention and promote the uptake of VCT as will as delay or consecutive partners. A work place program will deploy educator teams to conduct other prevention activities throughout the selected sites as well as some selected community outreach as part of workplace social responsibility initiatives.

ACTIVITY 5: Sport and Recreation

In FY 2006 HSPH began articulating how peer education might be used to take advantage of the natural appeal and access to youth of sports programs. HSPH has been working with GrassRoots Soccer and Peace Players International (PPI) in Durban. Work involves the development of a sports oriented peer education intervention that uses both the appeal of playing sport and the use of sports analogies to promote prevention and behavior change. Sports NGOs are well placed in their linkages to schools as well as community-based sports initiatives to embark on a peer education intervention where the coaches are identified as supervisors in the program.

ACTIVITY 6: CPSE Expansion

As a Center CSPE will divide its efforts between responding to specific partners and carrying proactive strategies to improve peer education as a systems approach in a variety of settings and partners. From current efforts CSPE will expand and embark on a program to provide materials and advanced and targeted training to various audiences and settings. Direct invitations to current partners make it easier for government employees to secure support and budget to attend. These partners include DOE, DOH, HE and FBOs among others. CSPE will offer workshops at Wits and at provincial sites. Training courses will be designed towards SAQA accreditation and contribute to improved rigor and quality. This activity addresses both capacity building and systems strengthening goals. Training focus areas include: Advanced PE Training for a Graduated System: Supervisors and Advocates; Advanced communication skills for us in natural group encounters; Peer education for HIV and AIDS in sport and recreation settings; and Peer educators as lay counselors: Potential and limits.

In addition to contributing to PEPFAR goal of averting 7 million new HIV infections, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7291

Related Activity: 13384, 13386, 13387

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22600	2932.22600.09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	9736	227.09	ASPH Cooperative Agreement	$0
7291	2932.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4368	227.07	ASPH Cooperative Agreement	$220,000
2932	2932.06	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	2635	227.06	ASPH Cooperative Agreement	$155,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13384	3835.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$600,000
13386	2933.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$400,000
13387	2934.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	28,610	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,187	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Mpumalanga

Western Cape

Limpopo (Northern)

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 268.08

Mechanism: N/A

Prime Partner: Population Council SA

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: 2968.08

Planned Funds: $582,000

Activity System ID: 14271

Activity Narrative: BACKGROUND:

There has been growing alarm regarding the high levels of rape reported in South Africa. Sexual violence and violence against women have become one of considerable political importance and the Department of Justice (DOJ) has launched a major initiative to address the needs of rape victims in a comprehensive manner. Meeting the immediate healthcare needs of rape survivors (including HIV, sexually transmitted infections, treatment of injuries, and counseling) is a priority. Guidelines exist for the provision of PEP, along with these other key services; however, evidence shows that these are not often followed. In addition, there is a poor link between medical post-rape services and the necessary legal and police procedures.

SUMMARY:

Population Council (PC) and Rural Aids and Development Action Research (RADAR) have been working in Limpopo to implement and evaluate a rural, multi-sectoral model for post-rape care. A number of obstacles in providing comprehensive post-rape care at the project site were identified, including uptake of service by community, institutional and provider capacity, quality of service delivery, and inter-sectoral linkages. An intervention strategy was developed to address these key challenges. A Project Advisory Committee (PAC) was formed and a hospital rape management policy was developed.

Healthcare workers and other providers were trained on multi-sectoral approaches to rape management, centralization and co-ordination of post rape care, strengthening of inter-sectoral linkages with local police and community awareness. Following the interventions, a repeat evaluation at the hospital and police station indicated that the flow of patient care has been streamlined, necessitating fewer providers, fewer steps, and fewer delays in treatment. Nurses are taking a more active role in management of rape cases, using formal protocols and policies, and referral rates to other providers appears to be increasing. With support from hospital management, the hospital pharmacist has begun to dispense a full 28-day regiment of PEP on the initial visit. Community awareness campaigns have reached over 14,000 individuals in the hospital catchment area, with information about post-rape services, including PEP. Whether due to increased awareness and/or other factors, there has been an observed increase in the uptake of services at the hospital. The project is also working with national and provincial (Limpopo and Mpumalanga) Departments of Health to train healthcare workers and health managers regarding management of sexual assault, and to share policies and management tools. Although these activities have strengthened the health sector response to violence, they have also revealed weaknesses in addressing the legal needs of rape survivors. Nurses and doctors have been trained in collecting forensic evidence, but few cases are actually brought to court, and even fewer successfully prosecuted. Lack of confidence in legal proceedings discourages survivors from seeking medical care or reporting to police.

In FY 2008 the activity outlined above will be replicated and scaled-up in collaboration with the Tshwaranang Legal Advocacy Centre (TLAC) in Limpopo and Mpumalanga. The aim of the activity is to add a strengthened legal and mental health component to an existing model for post-rape care and HIV post-exposure prophylaxis in rural South Africa, and to begin to explore questions concerning the uptake and feasibility of the model. Emphasis areas of this activity will be: increasing women's legal rights, reducing violence and coercion, human capacity development, local organization capacity building and strategic information.

ACTIVITIES AND EXPECTED RESULTS:

PC will implement continued monitoring of VCT and PEP services at the hospital and strengthening the referral system between the health sector and the criminal justice sector.

ACTIVITY 1: Ongoing Monitoring of VCT/PEP Services at the Hospital

During the first phase of the project called Refentse Project, a number of monitoring and evaluation tools were developed and introduced at the hospital to follow uptake and provision of VCT and PEP. This included establishing a confidential hospital rape register completed by outpatient nurses, and an interview with clients to determine PEP adherence at 4-weeks following the incident. During the second project phase, the use of these tools will continue to be supported and adapted as needed, with the aim of monitoring the provision of VCT and PEP, as well as adherence to the 28-day ARV regimen among clients. FY 2008 additional funds will be used to expand existing TA to provincial DOH to expand services and job aids on comprehensive post-rape care and HIV PEP

ACTIVITY 2: Project Advisory Committee Meetings

The previously established multi-sectoral Project Advisory Committee (PAC) will continue to meet at regular intervals. The PAC will continue to play an important role during this phase of the project, bringing together key stakeholders to share information and experiences, identify systemic problems and strengthen the linkages between the health system and the criminal justice system.

ACTIVITY 3: Strengthening the Referral System between Health and Justice Sectors

A system will be developed for referring all domestic violence and rape survivors for further legal and psychosocial support. This will entail training outpatient nurses, and developing a communication and monitoring system between the hospital's outpatient department (where such cases present) and the service providers responsible for ongoing paralegal and psychosocial support.

ACTIVITY 4: Introducing direct legal services and psychosocial counseling

A trained, community-based paralegal officer will provide day to day legal advice to clients at the project site. To facilitate access to the service, the paralegal will operate from the Victim Empowerment Unit, situated behind the local police station and will also conduct a weekly legal clinic at Tintswalo Hospital. It is envisaged that by physically locating the service at these premises, it will ensure greater access for women, as it will be immediately available to women who seek medical treatment and care and those that seek the intervention of the criminal justice system.

Activity Narrative: ACTIVITY 5: Case Management and Data Collection

The paralegal will be managed as part of TLAC's legal services unit and TLAC's current case management system will be used to track progress of and manage cases. Cases will be entered into a database and TLAC's attorney will have remote access to the database. TLAC's attorney will hold regular supervision meetings with the paralegal and will provide ongoing feedback on casework. A set of indicators has been developed to monitor both the progress and the impact of individual cases. The cases will be routinely tracked to identify systemic problems faced by women and these will be fed into various fora, including the already established Project Advisory Committee.

ACTIVITY 6: Paralegal Training

This activity is described in the Explanation of Training Activities text box below.

Expected Results: these are embedded in the descriptions of each activity, above, and are further quantified in the targets section of this COP.

This activity (and the sub-activities described above) will contribute to PEPFAR's overall project goals by increasing the legal and other institutional support systems available for rape victims in South Africa and specifically strengthening the HIV-related health care available to rape victims.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7611

Related Activity: 14269, 14574, 14270, 14575, 14272, 14273, 16316, 16317

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23032	2968.23032.09	U.S. Agency for International Development	Population Council SA	9878	268.09		$0
7611	2968.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	$0
2968	2968.06	U.S. Agency for International Development	Population Council	2651	268.06	Frontiers	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Increasing women's legal rights

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	416.08	**Mechanism:**	N/A
Prime Partner:	Broadreach	**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:	13699.08	**Planned Funds:**	$776,000
Activity System ID:	13699		

Activity Narrative: SUMMARY:

BroadReach Healthcare (BRHC) supports integrated ARV services that include doctor consultations, lab testing, adherence support, patient counseling, prevention, remote decision support, quality assurance (QA), and data management. BRHC's emphasis areas are capacity building (major); with minor emphasis on strategic information and human capacity development (training). Primary target populations include adolescents, adults, and people living with HIV.

BACKGROUND:

The BRHC PEPFAR program began in May 2005 and now operates across five provinces. BRHC is currently supporting approximately 5000 individuals directly with care and treatment and 15,000 indirectly. Prevention is a new activity area for BRHC. BRHC will endeavor to understand SAG priorities around prevention, including those articulated in the new National Strategic Plan (NSP), and formulate site-specific prevention plans that reflect SAG priorities and facility needs. BRHC prevention activities will take two forms: first, as stand alone prevention interventions; and second, as integrated interventions within BRHC treatment program activities. In response to site specific needs, BRHC prevention activities will support ongoing prevention activities within SAG facilities, as well as support new initiatives that fill gaps in prevention priorities identified by the site and SAG guidelines.

ACTIVITIES AND EXPECTED RESULTS:

To ensure that patients are armed with accurate and practical HIV prevention strategies, BRHC will carry out the following activities:

ACTIVITY 1: Prevention Training (HCD)

BRHC will provide HIV and AIDS prevention training to its network of healthcare providers including doctors, nurses, pharmacists and other healthcare professionals, as well as public sector health professionals at its partner sites through a variety of initiatives including remote clinical decision support, telemedicine, web-based training, didactic training, and clinical mentoring from experienced clinicians. More specifically, the topic of HIV prevention is covered in the three day training for Nurses and Lay Counselors; in the five day University of KwaZulu-Natal training for Professional Nurses; the 10 module HIV/AIDS Clinical Training online course for Doctors; and the 1-3 day HIV Treatment Literacy training for ARV Coordinators and Counselors. In addition BRHC will integrate a prevention module into the one day quarterly Adherence Training for BRHC patients.

ACTIVITY 2: Strategic Prevention Partnerships (Outreach)

BRHC will form strategic partnerships with local CBOs and FBOs and companies that are actively engaged in prevention activities in the BRHC catchment area in order to support existing activities that are aligned with SAG policy, and to help create new programs should any gaps exist. Support to CBOs/FBOs may include provision of resources to support approved prevention activities (human resources, funds, equipment). BRHC will also leverage these strategic partnerships for condom distribution and educational materials on the proper use of condoms.

ACTIVITY 3: Condom Distribution

BRHC will distribute condoms and materials on proper condom use through a variety of channels. Distribution channels will include GP offices (~50 outlets); public sector hospitals and affiliated clinics (~100 sites); and through the BRHC IEC program to patient support groups (~10). As stated previously, BRHC will also provide condoms to partner CBOs/FBOs that are active in prevention activities in the community. The BRHC IEC team will run prevention outreach campaigns to local companies and engage them in prevention activities such as the distribution of condoms and prevention messages to employees.

ACTIVITY 4: Prevention Integration

BRHC will integrate prevention activities and messages into its treatment program activities. This will be accomplished in two principle areas: 1) Prevention with Positives (PwP) in the Clinical Setting; and 2) Prevention in the Counseling Setting. PwP activities will be coordinated through BRHC public sector sites and GP offices, and will involve the distribution of targeted prevention messages [printed materials] for HIV infected individuals by the BRHC IEC team; prevention education sessions for patients, buddies and family members conducted by the BRHC IEC team; and condom distribution at all clinical service outlets. Second, BRHC will also utilize the CT setting to distribute targeted prevention materials [printed materials] and will review counseling guidelines to ensure that prevention messages are delivered during counseling sessions. This will be made available at all sites where BRHC supported CT services are offered. Condoms will also be supplied and made available to individuals undergoing counseling and testing services.

These activities directly contribute to the PEPFAR 2-7-10 goals by attempting to prevent new infections.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13700, 13698, 13693, 13694, 13695, 13696, 13697

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13696	3133.08	6576	416.08		Broadreach	$737,200
13697	3006.08	6576	416.08		Broadreach	$14,326,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	270	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4132.08	**Mechanism:**	N/A
Prime Partner:	Partnership for Supply Chain Management	**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:	14260.08	**Planned Funds:**	$0
Activity System ID:	14260		

Activity Narrative: PEPFAR funds were allocated to the Supply Chain Management Systems (SCMS) Project to build upon JSI's successful development and implementation of a package of technical solutions to two critical weaknesses in the South African Government's (SAG) HIV prevention program relating to condom procurement and distribution: the poor quality of condoms that were distributed in South Africa and the frequent and prolonged shortages and stock-outs in the provinces - both problems which resulted in negative media towards, and an erosion of public confidence in, the SAG HIV prevention program. This activity will continue in FY 2008, but since SCMS funding is still available in the Working Capital Fund, this activity will now be a TBD SCMS. In this way, PEPFAR SA will be able to spend down the unspent FY 2007 SCMS funds first, and then allocate funding to SCMS as needed through the reprogramming process.

Therefore there is no need to fund this activity with FY 2008 COP funds at this time, but TBD SCMS funds may be used at a later date.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14259, 14257, 14258

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14257	7935.08	6756	4132.08		Partnership for Supply Chain Management	$0
14258	8107.08	6756	4132.08		Partnership for Supply Chain Management	$0

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 479.08

Mechanism: N/A

Prime Partner: Humana People to People in South Africa

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: 7884.08

Planned Funds: $430,500

Activity System ID: 13977

Activity Narrative: SUMMARY:

Humana People to People (Humana) implements a comprehensive, integrated abstinence, be faithful and condom (ABC) HIV and AIDS prevention program called Total Control of the Epidemic (TCE). TCE trains community members as field officers (FOs). FOs utilize a person-to-person campaign approach to reach every household within the target area with prevention messages including the correct and consistent use of condoms and on prevention of mother-to-child transmission (PMTCT). The major emphasis area is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems, information, education and communication (IEC), and training. Key target populations are men, women, pregnant women, discordant couples, migrant workers, out-of-school youth, community leaders and traditional healers.

BACKGROUND:

TCE was launched by Humana in 2000 in Zimbabwe. The program has been implemented in eight countries in Southern Africa, reaching a population of five million. Humana received its first PEPFAR funding in July 2005. As of August 2007, Humana had implemented its project in five PEPFAR funded TCE areas in the provinces of Mpumalanga and Limpopo. FY 2008 will ensure expansion in the number of TCEs in these provinces. In the first two years of implementation 400 community members were trained as FOs and prevention services have been provided to 60% of the targeted community members. FOs mobilize communities to address stigma and discrimination associated with HIV and AIDS and to raise awareness of HIV preventive behaviors. TCE tracks service provision by gender, and develops strategies to reach men with condoms and other prevention messages. FOs promote gender equity during their home-visits by empowering both sexes with information and education and tailoring the information given to address gender-specific vulnerabilities. TCE trains community volunteers - known as Passionates -- to establish vegetable gardens, run children and youth clubs, and to offer care and support to orphans and people living with HIV (PLHIV). Humana works in partnership with the Mopani and Ehlanzeni district municipalities, major partners contributing over $140,000 per year to the program until the end of 2007. TCE has received a number of awards, including the 2003 Stars of Africa Award (in partnership with Johnson and Johnson) for best Corporate Social Investment Program within Health/HIV and AIDS in South Africa. TCE also expects to scale up its coverage with funding from Global Fund via South African National AIDS Council (SANAC) in 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Household-Based Person to Person Campaign

The TCE Program uses a person-to-person campaign to reach every single household with information about HIV and AIDS within the targeted areas. Each FO is allocated a field of 2,000 people (350-485 households). Households are visited at least three times over a three-year period and receive targeted IEC messages emphasizing age-appropriate prevention messages focusing on the use of condoms with the objective of changing community sexual norms. FOs visit households and engage individuals in discussions on preventive behavior and promote counseling and testing (CT) and PMTCT. FOs explain about government services such as CT, prevention of mother-to-child transmission (PMTCT), TB programs, STI screening, social grants and home-based care, and refer those in need. FOs also refer people with symptoms of AIDS-related conditions directly to public health clinics for CD4 testing, HIV clinical staging, and treatment of opportunistic infections. Although the TCE program focuses on AB messages, it also provides sexually active and at-risk community members with prevention messages on the use of condoms and PMTCT. TCE carries out a series of targeted interventions to reach people at workplaces, bars and shebeens, armed forces, at-risk youth and vulnerable population groups, such as taxi drivers, sex-workers and young men, with information on the use of condoms. During campaigns, the FOs assess the needs of the individual, tailoring their messages to address the different needs of specific populations. FOs address issues such as the increased risk of HIV transmission when engaging in casual sex encounters, in commercial sex, cross-generational sex, transactional sex, having sex with an HIV-infected partner or one whose status is unknown.

TCE has also developed a tool called Perpendicular Estimate System (PES), which is tailored to measure the impact of the program in the target areas; PES consists of a set of questions and demands to the individual in order to be TCE-compliant, which means being in control of HIV and AIDS in one's life. During the second and third year of the program, community members interact with their TCE FOs on an individual basis to make a PES-plan, which minimizes their risk of being infected and makes them live responsibly and positively if infected.

TCE organizes workshops for key players in the community, such as local leaders, traditional healers and community-based organizations to promote the use of condoms and CT. TCE also establishes condom outlets in the homes of FOs and Passionates. The FOs educate pregnant women on PMTCT and refer them to antenatal clinics. In the one-to-one counseling, FOs also address issues of domestic violence, child abuse, alcohol abuse and use of drugs.

ACTIVITY 2: Human Capacity Building

Through weekly meetings, the FOs receive continuous internal training, in the first year as lay-counselors, and during the second year as educators. The training is based on experiences gathered in the field. TCE makes use of both its own materials, which are continuously tested and updated and educational materials developed by other organizations and the government. TCE often makes use of guest speakers from government and other organizations for training purposes. Passionates are trained in HIV and AIDS and in communication and facilitation skills (such as running youth clubs), and some are trained to distribute and demonstrate the use of condoms.

ACTIVITY 3: Linkages with Sectors and Initiatives

TCE works in close collaboration with other stakeholders in the region. For example, the Department of Health provides all the condoms that are distributed by TCE and FOs mobilize and refer pregnant women to public sector antenatal clinics for PMTCT. Furthermore, TCE has a strong partnership with the tuberculosis

Activity Narrative: (TB) sub-directorate in the Ehlanzeni and Mopani districts, where FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum. TCE also cooperates with SAG departments including the Department of Social Development to ensure that OVC and PLHIV, who are identified through household visits, are able to access social security. Through the door-to-door campaign, FOs identify patients in need of palliative care and refer them to services provided under the TCE program or to other services.

ACTIVITY 4: Monitoring and Evaluation

TCE has developed a range of systems to measure the results of the program. Before starting in a new area, TCE carries out a baseline survey collecting information about knowledge, attitudes and practices of community members. After implementation, each FO has a household register and maintains basic information about each household and is a continuous source of data to evaluate the progress of the program, such as number of people tested, number of OVC and pregnant women referred to PMTCT and STI services. Data from the PES campaign is used to track community behavior change. This data provides information on individual behavior change in the target area. Throughout the program, the FOs and TCE Management meet on a weekly and monthly basis to evaluate the progress of the program. The meetings monitor the progress of achieving targets and deliberate on the challenges faced in the field. Quarterly, TCE management meet with staff at the TCE Regional Headquarters in Zimbabwe to further evaluate the progress of the program and develop activities in order to increase impact.

Special Forces and Development Instructors (international volunteers) monitor services and ensure quality control through periodic spot check visits to households.

These activities will contribute to the 2-7-10 goals of averting 7 million new infections by increased knowledge and skills among community members in HIV and AIDS prevention; reduced stigma; higher gender equity; increased knowledge about services (PMTCT and CT); increased use of condoms; strengthened linkages between other organizations in the area and government services; increased number of people knowing their HIV status; and higher mobilization and capacity

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7884

Related Activity: 13976, 13978, 13979

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23165	7884.23165.09	U.S. Agency for International Development	Humana People to People in South Africa	9928	479.09		$417,974
7884	7884.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13976	3020.08	6672	479.08		Humana People to People in South Africa	$1,267,000
13978	7885.08	6672	479.08		Humana People to People in South Africa	$339,500
13979	3021.08	6672	479.08		Humana People to People in South Africa	$582,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	250	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4755.08

Mechanism: N/A

Prime Partner: Mpilonhle

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: 8241.08

Planned Funds: $250,000

Activity System ID: 14027

Activity Narrative: SUMMARY:

Mpilonhle is a new South African community-based organization registered in 2007 with the South African Directorate of NGOs. It is dedicated to improving the health and well-being of adolescents attending high schools in Umkhanyakude District Municipality, KwaZulu-Natal (KZN) through its "Mpilonhle Mobile Health and Education Project" whose key activities are described below. It will begin operations in late 2007 with a single mobile unit funded with support from Oprah's Angel Network, and expand with two further mobile units funded by PEPFAR funds. It is currently building up its staff, which is expected to be 40 persons targeting 12 high schools with approximately 800 students, totaling 9,600. These activities will be based in the Mpilonhle office in Mtubatuba, KZN.

Mpilonhle activities consists of community-based health screenings, which will be conducted by health counselors at 24 community-based (non-school) sites, and will consist of a core of HIV preventive services including individualized voluntary counseling and testing (VCT); personalized abstinence, Be Faithful and correct and consistent condom use (ABC) counseling, and condom provision to sexually active youth and adults; and group HIV and health education sessions. These services will be delivered through mobile clinic and mobile computer laboratory facilities to 24 community (non-school) sites in rural KwaZulu-Natal. Emphasis areas are: gender, human capacity development and strategic information. Target populations are adolescents aged 15-24 and adults.

BACKGROUND:

This is a new PEFPAR activity. Mpilonhle works with broad support from district and provincial South African Government (SAG) leadership. The Condom/Other Prevention activities will be implemented in Umkhanyakude District Municipality, the poorest and most rural district in KwaZulu-Natal, and one that has extremely high HIV prevalence rates. Services will be delivered using mobile units traveling to rural secondary schools. These schools and their students suffer from physical remoteness, scarcity of health services and generally inadequate resources. Partners include the Department of Education, the South African Democratic Teachers' Union (SADTU), District Health Services and district and municipal leadership, including that of Traditional Authorities. School principals, local Department of Education officials, district and municipal mayors and focus groups of teachers and students have expressed the community acceptability of school-based VCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community-Based Health Screening

Mobile community-based and community-focused health screenings will be conducted by HIV and AIDS counselors at 12 school locations. Each mobile facility consists of a paired-up mobile clinic and mobile computer laboratory, staffed by one primary care nurse, four health counselors, one health educator, and one computer educator. Each mobile facility will rotate across four school locations, allowing three mobile facilities to serve 12 sites in total. These community sites will be determined in collaboration with the mayors of Umkhanyakude, Mtubatuba, and Hlabisa Municipalities. The OP activity will consist of correct and consistent condom use programs which support the provision of accurate information about condom use to reduce risks for HIV infection and support access for those most at risk populations.

Provision and promotion of information on correct and consistent condom use will be coupled with information about abstinence and behavior change; the importance of HIV counseling and testing (CT), knowing one's HIV status, partner reduction and mutual faithfulness as risk reduction methods. The HIV preventive services include personalized ABC messaging, behavior change, HIV and AIDS counseling, group computer trainings that include health messaging, and group HIV and health education sessions. In addition to these services, Mpilonhle provides referrals to other community-based services for prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), tuberculosis (TB) and psychosocial support; referrals to a social worker for assistance with accessing government grants and support for orphans and vulnerable children (OVC) or people living with HIV (PLHIV); general health screening and referral for care and other services as required. These preventive services will be offered within the context of a health screening service that provides other health services besides HIV prevention. The broadness of these services, and the fact that it addresses other health concerns beyond HIV, is likely to attract a larger number of students with non-HIV-related health concerns to Mpilonhle’s services, thereby raising the number of people they reach with HIV prevention.

ACTIVITY 2: School-Based Health Education

Mpilonhle health educators will provide students with four small-group HIV, health and life skills education sessions per year that will discuss the basic facts about: HIV and STIs; CT; TB; anti-retroviral therapy (ART); prevention of mother-to-child transmission of HIV (PMTCT); a balanced Abstinence-Be Faithful-Condoms (ABC) approach to HIV prevention; reducing stigma and discrimination against people living with HIV and AIDS (PLHIV); and promoting respect between men and women. The HIV preventive outreach is not limited to the four health education sessions, but is supplemented by the health screening session described in Activity 1 and the health messages in the computer-assisted learning. An age-appropriate curriculum on these topics has been developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on existing material developed by the EDC and SADTU, and the World Health Organization (WHO) summarized in the WHO publication "Teachers' Exercise Book for HIV Prevention", and in conformity with the SA DOE's Life Skills curriculum. This curriculum will also be submitted to the SA DOE for approval, and for certification of conformity with the Life Skills curriculum. This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes and Practice (KAP) skill-building methods in topics such as risk reduction, decision-making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. The skill-based HIV education will provide focused messages about the benefits of delaying sexual debut and other safe sexual behaviors. Activities will aim to develop students' self-esteem to build their resilience, assist them to make informed choices and develop communication skills.

ACTIVITY 3: School-Based Computer-Assisted Learning

Activity Narrative:

An Mpilonhle computer educator will provide students in participating schools with four 90-minute small-group computer education sessions per year. This training will focus on how to use computers, basic software, the internet; and computer-assisted learning for improved school performance, HIV prevention, and general health promotion. The computer-based health education lessons are packaged to address the life skills needs of youth and are consistent with SAG guidelines. The AB messages are internationally recognized, appropriately researched messages. This activity is intended to improve student learning, raise number of pupils who graduate (graduation rates), and augment employability. These outcomes can in turn increase women's socio-economic status, and reduces their vulnerability to coercive, cross-generational, and transactional sex.

Sustainability of activities is facilitated by political commitment from district and municipal governments, and the local Department of Education to scale-up and to fund-raise in support of such scale-up; the relatively low-tech and easily replicable nature of many core program features, minimal dependence on scarce health professional such as doctors and nurses; the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; declining prices over time for the program's information technology (IT) requirements, the possibility of adapting the service delivery model to workplaces as well as schools, the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

Building human capacity in remote rural areas contributes to future sustainability of the program. Mpilonhle will respond to this challenge by maximizing the capacities and skills of relatively abundant lay health workers through rigorous training and regular refresher courses to enable them to perform critical yet currently scarce services such as VCT, health screening and personalized risk assessment, and health education, shifting the burden of these activities away from relatively scarce professional health workers like nurses and doctors.

This activity will contribute to PEPFAR 2-7-10 goals of preventing 7 million new HIV infections, and providing care and support to PLHIV. This activity addresses gender issues through the provision of ABC education and services to large numbers of females in the general population; computer education which promotes female educational attainment and employability, which in turn reduce their vulnerability to HIV, and in particular to coercive, cross-generational and transactional sex; health education that promotes safer behavior and gender-sensitive attitudes among men and yield benefits to women who become their sexual partners. This activity will also promote consistent use of condoms and behavior change through the reduction of sexual partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8241

Related Activity: 14026, 14028, 14029, 14030, 13776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22985	8241.22985.09	U.S. Agency for International Development	Mpilonhle	9854	4755.09		$242,726
8241	8241.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
13776	2920.08	6604	216.08	ACQUIRE	Engender Health	$520,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
14029	8246.08	6688	4755.08		Mpilonhle	$540,000
14030	8247.08	6688	4755.08		Mpilonhle	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	12	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,410	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	1066.08	**Mechanism:**	PHRU
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit	**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:	7881.08	**Planned Funds:**	$369,570
Activity System ID:	14263		

Activity Narrative: SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. Building on their 2006 workshop on the feasibility of scaling-up doctor-based male circumcision, the PHRU are using FY 2007 funds to organize and facilitate a stakeholders workshop on the feasibility, acceptability, and resource requirements of alternative models of delivering circumcision as a part of a comprehensive HIV prevention program. The workshop compares three models of male circumcision: the use of traditional healers (where they are culturally appropriate) as circumcisers; use of trained doctors; and a nurse-based approach to circumcision. The workshop draws upon the work of Human Sciences Research Council (HSRC) and PHRU's non-PEPFAR funded study of the feasibility and acceptability of nurse-based male circumcision. This activity will be used by the Health Policy Initiative in their policy analysis of the impact of pending South African legislation restricting male circumcision to doctor -based programs and will be coordinated with JHPIEGO and the NDOH TBD support to the NDOH. FY 2008 funds will be used to conduct an additional symposium, similar to that held with FY 2007 funds, which will continue to involve major stakeholders in the policy analysis, brainstorming, and other major issues surrounding male circumcision. The major emphasis area addressed in this activity is human capacity development. Healthcare workers, program managers, and local health officials are the target group for this activity.

BACKGROUND:

Although not widespread, prevalence rates for male circumcision in South Africa ranges from about 30% national average to nearly universal among some ethnic groups. Male circumcision is a procedure that is usually done for cultural or religious reasons rather than for health benefits. This is seen among certain ethnic groups such as the Xhosa who routinely practice male circumcision as part of boys' initiation to the transition to manhood. In such cases the circumcision is done by traditional healers rather than by medically trained staff in a health facility. A recent study conducted in South Africa showed that male circumcision reduces the risk of becoming HIV-infected. UNAIDS and WHO have stated that these results should be confirmed prior to recommendations being issued regarding policy and program development. Two further large scale studies of circumcision for HIV prevention are in progress in Uganda and Kenya, with results anticipated later in 2007. Scaling-up male circumcision in South Africa may soon become a priority, as a component of comprehensive HIV prevention programs. In anticipation of this development, the PHRU held workshops in 2006 and 2007 on issues related to the feasibility of scaling-up male circumcision. Contributions to this workshop were made by researchers who conducted the South African trial, academics, surgeons, and included input on diverse aspects of possible interventions including training requirements, legal and ethical concerns, traditional methods, anesthesia, cultural concerns, and potential target groups. An important conclusion from this preliminary consultation was that there is little circumcision being carried out by trained surgeons. A medical model with circumcision delivered by trained nurses could also be considered. PHRU is currently conducting research, with non-PEPFAR funding, on the feasibility and acceptability of a nurse-based approach to circumcision. Through non-PEPFAR funding, male circumcision would be performed by trained nurses under the supervision of a surgeon in sterile operating rooms at primary and tertiary health facilities. It is expected that this activity would impact male norms and increasing equity in treatment programs.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Male Circumcision Using Nursing Staff

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. In the absence of such approval and based on discussions with the PEPFAR South Africa team, funds could fully or partially be reprogrammed. Should the approval for safe clinical male circumcision activities be given, PHRU is proposing the following male activities:

This activity assumes that the South African Government will change legislation to allow male circumcision to take place on a large scale in South Africa. Recognizing that specialized surgical and other staff are in short supply, this activity will look at alternative models to scale-up male circumcision. This will include training nurses to do male circumcision, paying staff to perform circumcisions and paying for materials required to perform male circumcision. Training, mentoring and implementation will be the main areas of emphasis and developed in consultation with NDOH and JHPIEGO. It is likely that this activity will take place initially in Gauteng, but may be expanded to other provinces on request of the National Department of Health.

These activities will contribute to the PEPFAR goal of preventing 7 million new infections by exploring innovative prevention possibilities, which will result in a lower transmission rate.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7881

Related Activity: 14262, 14264, 14265, 14266, 14267, 14268

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23639	7881.23639.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$611,670
7881	7881.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$160,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4644.08 **Mechanism:** N/A

Prime Partner: Youth for Christ South Africa (YfC)

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 7949.08

Activity System ID: 13913

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: $250,000

Activity Narrative: SUMMARY:

Youth for Christ (YFC) will promote HIV risk reduction and prevention activities by conducting life skills programs, awareness campaigns, and distributing and promoting correct and consistent use of condoms among school leavers, and young adults 18 years and older. YFC will recruit and train unemployed young adults as youth workers. After training, the youth workers will be placed in Youth Clubs where they will assist in expanding YFC's HIV prevention campaign by distributing condoms to communities and the youth. Gender is an emphasis area for this program as it addresses the extreme vulnerability of young South African women to HIV, and male norms and behaviors. While the target population is youths aged 15-24 years, adults aged 25-30 will not be excluded from these prevention activities.

BACKGROUND:

YFC has been involved with prevention programs in schools for several years. The National Department of Health (NDOH) has funded YFC activities since 1995. The organization was PEPFAR-funded from 2005 through the NDOH cooperative agreement, and is now a PEPFAR prime partner. YFC's prevention activities will focus on distribution and correct and consistent use of condoms, and on gender issues, which will be addressed through life skills programs. The life skills programs will focus on empowering young women, and challenging young men to question gender stereotypes. In addition, this program forms part of YFC's comprehensive prevention strategy and is linked to activities in the AB program area. A particular focus of this linkage for this the "B" (be faithful) activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Condom Distribution

YFC's prevention program will ensure condom distribution that is coupled with clear and consistent and correct messaging around condom use. The condom distribution and condom use program will be aimed at school leavers and out of school youth, as these young adults are likely to be sexually active, and have a higher risk of exposure to HIV. YFC will distribute government-provided condoms at community-based sites and public health facilities. This activity aims to empower and positively influence men to practice safe sex and to use preventative methods, while empowering young with condom negotiation skills. YFC peer educators and interns will interact with their peers and challenge gender stereotypes, and at the same time, serve as mentors and positive role models.

ACTIVITY 2: Behavior Change Campaigns

This activity will focus on the development and implementation of behavior change campaigns around HIV and AIDS. Information, education, and communication (IEC) publications developed by Khomanani, a South African communications company, will be distributed along with the condoms. These materials address key communication issues around issues of prevention, care and treatment of HIV & AIDS. Peer educators and interns will encourage discussion around condoms and HIV and AIDS, and this activity will help to alleviate stigma and discrimination in the communities in which YFC is working.

Interns and peer educators will be recruited from school leavers who are unemployed and who actively participate in faith-based organizations. These youth will be trained using the YFC peer educator programs including the Rutanang peer education manuals by the Department of Health and life skills manuals by the Department of Education section. In addition, peer educators will be trained in community mobilization and will play a role in informing their peers about local healthcare services, including counseling and testing. The peer educators will educate their peers on the benefits of HIV counseling and testing and will refer their peers to counseling and testing services in their communities. Parents will be targeted and provided with information on raising responsible and informed children. Community awareness programs will aim to destigmatize HIV and AIDS in communities and YFC will develop infrastructures to provide community support for HIV-affected families.

ACTIVITY 3: Life Skills and Leadership Camps

In FY 2008, two kinds of camps will be run for school leavers. Outdoor-based camps aimed at training and developing resilience and Leadership Skills. Young people will also be equipped with critical personal and inter-personal skills to enable them to dialogue with and impact their peers, friends and those they relate to. Important aspects of these camps shall be team building, leadership and communication with activities such as abseiling, hiking, canoeing, swimming, etc. Conference/Seminar-Based Camps will also be organized as "Youth, HIV & AIDS Seminars" to empower youth on current developments on the pandemic as they relates to youth specifically and to allow youth to understand the latest trends and developments in the fight against it. In all the activities, it shall be a general requirement that there be a gender ratio of at least 40% male and 60% female.

ACTIVITY 4: Intensifying Education about Responsible Sexuality

Condom promotion will not be done indiscriminately but by educating young persons and encouraging abstinence as the best and only completely safe option, within a mentoring and peer counseling context. However, since the majority of youth targeted in this component of the prevention strategy are already sexually active, activities will focus on the B component of the AB messaging and linking the being faithful to correct and consistent condom use. Efforts to engage youth shall aim to educate them in the correct and consistent use of condoms whilst also educating them on the risks involved in sexual activity. With FY 2008 funding, condom distribution, and efforts to ensure condom accessibility and availability will be accompanied by strategies that encourage youth to be responsible and accountable in decisions regarding their sexual behavior. With older, out of school youth, YFC will also tackle critical issues such as gender-based violence and cross generational and transactional sex, which the aim of fostering and encouraging behavior change among this group.

Through the distribution of 15,000 male and 5,000 female condoms and through behavior changing messages, YFC will support prevention goals as outlined in the USG Five-Year Strategy for South Africa to avert 7 million new infections.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7949

Related Activity: 13912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22773	7949.22773.09	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	9792	4644.09		$266,999
7949	7949.07	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	4644	4644.07	NEW APS	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13912	7948.08	6649	4644.08		Youth for Christ South Africa (YfC)	$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	400	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	900	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Eastern Cape
Gauteng
Mpumalanga
North-West
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**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:	2989.08	**Planned Funds:**	$2,600,000
Activity System ID:	13953		

Activity Narrative:

SUMMARY:
Johns Hopkins University/Center for Communication Programs (JHU/CCP) and its 20 South African (SA) partners are undertaking a concerted effort that utilizes a variety of communication channels, including mass media and interpersonal community mobilization (CM). It aims at bringing about heightened urgency of risk perception to HIV infection among the general population about sexual partnerships and behaviors that place them at risk including multiple concurrent partners (MCP); intergenerational/transactional sex (ITS); inconsistent and incorrect condom use; alcohol and substance abuse; and gender and gender-based violence (GBV). The condom and other HIV prevention strategy is guided by qualitative studies that investigated underlying behavioral causes of MCP and the 2006 SA HIV/AIDS Communication Survey that investigated reach and impact of 19 mass media interventions on HIV prevention.

BACKGROUND:
Over the next four years partners will prioritize interventions focusing on men aged 25–49 and women aged 15–24. Interventions will impact on key drivers of the epidemic and people's risk perception about sexual partnerships and behaviors including prevalence of MCP; ITS and incorrect and inconsistent condom use. All interventions are informed through study which found that high risk behaviors driving epidemic are determined through social norms and values that include male attitudes and behaviors, alcohol and substance abuse; population mobility and gender dynamics including GBV. JHU/CCP and its partners combines a social-ecology approach to communication with power of interpersonal communication with mass media (including radio, television (TV), outdoor and cellular technology) to engage and mobilize individuals around sexual behavior and perception of risk to HIV infection and influence social networks and communities to create an enabling environment that allows them to reduce risk to HIV infection. Activities will contribute towards changes in social norms, create social networks that support individual change, build skills, and improve decision making leading to safer sexual behavior (SB).

ACTIVITIES AND EXPECTED RESULTS
ACTIVITY 1: Mobilizing In- and Out-of-School Youth 15-24
Dance4Life (D4L), DramAidE, The Valley Trust (TVT), Lesedi Lechabile (LL), Lighthouse Foundation (LF) and Community Health Media Trust (CHMT) will work with young people in secondary schools using variety of approaches to train peer educators (PEs) to establish HIV prevention, care and support clubs to act as entree to in-school youth. With youth over 14 messages relating to MCP, ITS, correct and consistent condom use, male norms and behaviors, substance and alcohol abuse, GBV, risk perception, stigma and discrimination (SD) will be given.
TVT, LF and LL will use interpersonal discussions, workshops and community events with out-of-school youth to heighten their perceptions of risk about sexual partnerships and behavior including MCP, ITS, correct and consistent condom use, male norms and behaviors, substance and alcohol abuse and GBV.
DramAidE's Health Promoters (HPs) work in 23 tertiary institutions. They use group meetings, individual consultations, dorm visits, classroom instruction and community events to increase risk perceptions about MCP, ITS, GBV, condom negotiation skills, sexually transmitted infections (STIs), male norms and behaviors, SD, sexual and reproductive health (SRH) and risks of substance and alcohol abuse.

ACTIVITY 2: Mobilizing Adults 15-49
Sonke Gender Justice (SGJ) supports partners to integrate Men as Partners approach into their work to mobilize men around responsible male behavior, correct and consistent condom use, substance and alcohol abuse and reduction of GBV.
Sonke Gender Justice, LF, LL and TVT will expand number of men's clubs and men's health services to mobilize men, communities and traditional structures around responsible male behavior, correct and consistent condom use, substance and alcohol abuse and reduction of GBV. They will expand number of men's clubs in Mpumalanga, NW and NC provinces to mobilize men, their communities and traditional structures.
TVT, LF and Matchboxology (MB) will undertake CM interventions to mobilize adult men and women through door-to-door campaigns, taverns and taxi ranks, around MCP, ITS, correct and consistent condom usage, prevention with positives (PwP), GBV, male norms and behaviors, SD, and risks of substance and alcohol abuse.
LifeLine SA and TVT will support workplace interventions by training PEs within small and medium enterprises and on farms to mobilize employers and employees. MB will work with professional footballers and fan clubs. All workplace-based interventions will increase perceptions of risk about MCP and ITS, correct and consistent condom use, GBV, SD, male norms and behaviors and alcohol consumption.
TVT and LF will undertake community conversations with traditional leaders and healers s to mobilize them in addressing cultural dimensions of MCP, inconsistent and incorrect condom usage, PwP, GBV, SD, male norms and behaviors and alcohol consumption.
TVT, LifeLine SA and LF will work with faith-based organizations (FBOs) through activities to promote partner limitation, correct and consistent condom usage, GBV and SRH. Religious leaders will be trained and provided with appropriate communication materials to guide them.
Mindset Health Channel (MHC) has a Healthcare Worker Channel (HCWs) and a Patient Channel in more than 400 public clinics. Its HCW Channel trains health workers and its public health channel sensitizes audiences on partner reduction, correct and consistent condom usage, GBV, substance and alcohol abuse, STIs, and SRH.
Community Health Media Trust (CHMT), will increase number of Treatment Literacy and Prevention Practitioners (TLPPs) to 92 (72 funded by PEPFAR and 20 by National Department of Health (NDOH) and facilitate discussion among patients in general waiting rooms in MHC on topics relating to correct and consistent condom usage, GBV, substance and alcohol abuse, STIs and SRH. LF, TVT and Mothusimpilo will work with CHMT and Mindset to facilitate dialogues in clinics surrounding their areas.
DramAidE, CHMT and LF will mobilize support groups and community-based organizations of people living with HIV, in areas where they are working around PwP and in particular addressing correct and consistent condom use; MCP, alcohol and substance abuse, STIs. LL and Mothusimpilo use PE and HCW in mining districts of North West (NW) and Free State (FS) to reach young women at risk, including sex workers, in clinics, schools and communities to address correct and consistent condom use, risk perceptions, ITS, GBV, stigma and discrimination, male norms and behaviors and risks of alcohol and substance abuse. Their programs are linked to local mining companies who focus on male employees.
Department of Correctional Services (DCS) will expand its correctional facilities program from Limpopo and North West Province to include Gauteng and Northern Cape. DCS uses Tsha Tsha TV drama series, to train its PEs to promote correct and consistent condom usage, GBV, SRH including that relating to same sex SB.

Activity Narrative:

ACTIVITY 3: Mass Media Support for CM
2006 JHU/CCP national communications survey found that 76.7% of people had at least one television (TV) in their households. 60% watch TV everyday and 60% listen to radio everyday. JHU/CCP supported drama, Tsha Tsha reached 48% of population, treatment literacy program Siyanqoba – Beat It reached 27% and community radio program Mind, Body Soul reached 6% of population. Tsha Tsha has been used to facilitate discussions with people in schools, correctional facilities and community meetings around issues relating to risk of HIV infection, ITS and multiple and concurrent partnerships. However 44% of population was not reached by any of these due partly to fragmentation of media environment about audience preferences influenced by socio-economic status and language. To address this issue, JHUCCP will expand its mass media program to include new platforms such as cellular and internet technology and outdoor media that complements radio and TV outreach work. All platforms will heighten awareness of risk among men aged 25–49 and young girls and women aged 15–24 about their sexual partnerships and behaviors including MCP, low and inconsistent condom use and need for regular testing.
ABC Ulwazi will produce community radio talk show for 60 community radio stations using local languages facilitated through listener associations.
JHU CCP has a public private partnership with SA Broadcasting Corporation (SABC) to fund two TV-programs supported by nine regional SABC language radio programs and internet. A second season of TV drama Circles will heighten peoples perception of risk to HIV infection by highlighting sexual partnerships and behaviors that place people at risk of infection including MCP, and ITS.
MB in partnership with SA Professional Football Union and Professional Soccer League will mobilize prominent SA football players to provide messages through different mass media platforms that emphasize responsible male behavior including consistent and correct condom use, GBV, alcohol and substance abuse, treatment of STIs, as part of build up to 2010 Football World Cup in SA.
A TBD outdoor media partner will work with JHU to develop messages for outdoor media to heighten perceptions of risk about sexual partnerships and behaviors that place people at risk of HIV infection including MCP with low and inconsistent condom use.
A TBD cell phone partner will use SMS technology to address MCP, ITS, correct and consistent condom use, male norms and behaviors and risks of alcohol and substance abuse.
This activity contributes to reaching the 2-7-10 goals by training individuals to promote condom use and other prevention messages and preventing 7 million new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7533

Related Activity: 13965, 13952, 13954, 13964, 13955, 13956, 13957, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23076	2989.23076.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$2,867,300
7533	2989.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$2,975,000
2989	2989.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$2,650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Family Planning
* Safe Motherhood
* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$1,134,500

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	120	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Mpumalanga

Northern Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4094.08

Mechanism: N/A

Prime Partner: Research Triangle Institute

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: 6545.08

Planned Funds: $388,000

Activity System ID: 13946

Activity Narrative: PEPFAR funds were allocated to the Research Triangle Institute (RTI) in FY 2007 to improve care provided to victims of rape, through the establishment of seven new Thuthuzela Care Centers (TCCs). These multi-disciplinary centers provide comprehensive care services to women and children rape survivors, including post-exposure prophylaxis (PEP), HIV and AIDS counseling and testing, and referral to HIV care and treatment services. These centers also assist men and boys, who are increasingly becoming victims of rape. In FY 2008, funds will no longer be provided to RTI as the ceiling of this contract can not be increased. This activity will be re-competed and the RFP will be issued by December 2007.

This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. Therefore there is no need to continue funding this activity with FY 2008 COP funds.

SUMMARY:

The goal of this project is to prevent the acquisition of HIV and AIDS among victims of rape and sexual violence through the establishment and operations of nine new Thuthuzela Care Centers (TCCs).These multi-disciplinary centers provide comprehensive services to women and children rape or assault survivors, including in this case a primary emphasis on post-exposure prophylaxis (PEP), with secondary emphases on HIV and AIDS counseling and testing, and referral to HIV care and treatment services. These centers also assist girls and boys who are increasingly becoming victims or perpetrators of rape. The major emphasis area will be on training and technical assistance with minor emphasis on commodity procurement. Target populations will include infants, girls, boys, men, women, doctors, nurses and pharmacist as well as the TCC core team. Commodities to be procured include rape kits, medical equipment, and comfort kits.

BACKGROUND:

This project is a continuation of work supported through PEPFAR funds in FYs 2006 and 2007 that were used to evaluate and upgrade existing TCCs in keeping with the National Department of Health's (NDOH) National Management Guidelines for the Care of Rape Victims. In FY 2008, this project will focus on maintaining established TCCs (20 total) in provinces where they do not currently exist and in other locations where need is identified. This activity is linked to the USAID Governing Justly and Democratically (GJD) office's program to support the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA) of the Department of Justice and Constitutional Development (DoJCD) in its endeavor to eradicate all forms of gender-based and sexual violence against women and children, especially the crime of rape. The DoJCD/NPA/SOCA Unit has responded to the ongoing problem of sexual offences, and specifically rape, in the country by seeking to upgrade and expand the TCC network from 10 to 80 TCCs nationwide. The TCCs are a bold approach to rape prevention, care and treatment for victims of sexual violence and assault involving the health, justice, and civil society sectors in this endeavor. This project will advance the Women's Justice and Empowerment Presidential Initiative (WJEI) which seeks to establish a total of 30 TCCs to help the SAG achieve its goal of 80 TCCs nationwide. For victims of rape, the benefit of being assisted through a TCC is that the rape survivor can obtain all of the services needed at a single location, including medical assistance, access to justice by working with the local police and prosecutors, and access to counselors and emergency support services. Most TCCs are located within hospitals or near health care facilities, where there is a growing recognition of the links between violence against women or children and HIV and AIDS. The risk of HIV infection as a result of rape is significant in South Africa. Perpetrators seldom use condoms, placing the majority of women and children who are victims of this crime at risk. PEP represents an important intervention that can make a substantial contribution toward preventing HIV acquisition in particular and improving the healthcare of rape victims in general.

The TCC Model: According to the TCC model, when rape victims arrive at the police station to report a rape, they are removed from the crowds to a quiet room to take a statement. They are then transported to the nearest TCC where they are welcomed by a site coordinator. A dedicated nurse or doctor is then summoned to conduct the forensic medical exam. The Victim Assistance Officer (VAO) and the doctor or nurse explains to the victim what procedures need to be performed and help the victim understand why she must sign consent forms. The police detective on call to the centre is summoned and assigned to the case. Case managers are responsible for coordinating sexual offense cases and assisting the victim to understand what information the police investigator needs to investigate the crime. If the victim decides to pursue charges, the case manager opens a file and tracks the status of the victim's case. The victim is then referred to a local NGO or CBO to provide follow-on care and treatment services and support, as appropriate, throughout the legal process. This is the model. However, an audit conducted by RTI using FY 2006 PEPFAR funds found that TCCs are not always 100% compliant with this model (the highest score was 87.5% compliance). Upgrading current TCCs as well as operationalizing new ones consequently became an integral part of the program.

ACTIVITIES:

Using FY 2008 PEPFAR funds, a partner TBD will continue to support DOJCD/NPA/SOCA efforts to upgrade and expand the TCC model targeting nine additional TCCs. Part of this funding will continue to go towards the training of the medical officers (doctors, nurses and pharmacists) on how to provide PEP as well as to site coordinators and VAOs on how to educate victims on compliance with PEP as well as training and technical assistance to site coordinators who manage the multidisciplinary team and administer each TCC. Each rape victim will be encouraged to test for HIV. If the rape is reported within 72 hours, the rape survivors who test negative will be provided with PEP. They will be placed on PEP for 28 days and tested again for sero-conversion at three months and again at six months. They will be supported by TCC staff or affiliated CBOs and NGOs to ensure compliance with medication as well overall well-being.

EXPECTED RESULTS:

Rape victims who test positive for HIV will be given appropriate counseling and will be referred to the nearest government treatment site for further counseling, care and Antiretroviral Treatment (ART) when necessary. This project will be sustainable beyond the provision of PEPFAR funds, as the government will continue to support the TCC system and incorporate operating funds for the TCCs system in the national

Activity Narrative: budget.

This project will assist PEPFAR to meet its goal of averting 7 million new infections by playing a critical role in increasing access to and improving quality of vital post-rape services, including the provision of PEP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7539

Related Activity: 13947, 21158

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23049	6545.23049.09	U.S. Agency for International Development	Research Triangle Institute	9884	4094.09		$202,482
7539	6545.07	U.S. Agency for International Development	Research Triangle Institute	4457	4094.07	Government Projects	$400,000
6545	6545.06	U.S. Agency for International Development	Research Triangle Institute	4094	4094.06	Government Projects	$280,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13947	6547.08	6664	4094.08		Research Triangle Institute	$1,455,000
21158	21158.08	6664	4094.08		Research Triangle Institute	$242,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	9	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,800	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	27	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4753.08

Mechanism: N/A

Prime Partner: LifeLine North West - Rustenburg Centre

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: 8252.08

Planned Funds: $100,000

Activity System ID: 13990

Activity Narrative: SUMMARY:

LifeLine's OP activity harnesses the activities and work of its other ongoing projects, such as the Community Counselor Project, especially with respect to community mobilization and outreach. It also benefits from contributions from other donors such as Anglo Platinum Mines, which has committed to three years of cost-sharing. In particular, they are funding a vehicle to be used in the mining areas and covering traveling costs and stipends for a nurse and driver. Relationships formed with local government and municipal departments will help ensure the continuity of the project. Salaries and other costs can be sustained through increased corporate training and workplace programs bringing in substantial revenue for LifeLine. The two major components of the program area include condom provision with education at specified sites as well as community outreach and mobilization. Emphasis is on information, education, dialogue, and HIV prevention activities carried out around the designated hot spots, throughout Bojanala District and the LifeLine centre in Rustenburg. The OP messages and activities address gender issues and gender dynamics directly, encouraging target populations to examine gender roles in society. Emphasis areas for this activity focus on gender by addressing male norms and behaviors and reducing violence and coercion around the designated hot spots and throughout Bojanala District and the LifeLine centre in Rustenburg. A "hotspot" is defined as an area that has a high rate of traffic of vulnerable persons; for example, taxi ranks and the mining hostels. The target groups for the OP messages are males and females from 15 years and older, including people living with HIV (PLHIV), discordant couples, pregnant women, persons who engage in transactional sex but who do not identify as persons in sex work, and mobile populations. Target groups are located in the identified hotspot areas. The LifeLine hot spots are currently located in the Bojanala region, with two hot spots identified in each sub-district. In FY 2007, LifeLine operated eight such hot spots. With FY 2008 PEPFAR support, LifeLine will expand its reach by an additional 4 hot spots, yielding support given to a total of 12 hot spots in the North West Province.

BACKGROUND:

LifeLine Rustenburg is a non-governmental, non-profit, community-based organization, affiliated to LifeLine Southern Africa and LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. LifeLine Rustenburg has been operational since 1991, and serves an area of approximately 200 square kilometers. LifeLine Rustenberg has a close working relationship with the National Office, which is informed about projects and services run by LifeLine Rustenburg. Bi-annual consultative meetings are held and quarterly reports are submitted to the main office by LifeLine Rustenburg.

LifeLine focuses on counseling and crisis intervention services, provision of life skills and personal development training, capacity building for less established community-based organizations (CBOs), counseling and testing (CT) and prevention activities. To date, LifeLine has implemented a community counselor project (CCP) which, in partnership with the provincial department of health, provides counselors to 150 health facilities in Bojanala, has established a non-medical CT site, provides 24 hour counseling service via a national counseling line, and has provided training to numerous other organizations. Future plans for the project are to place counselors at all health facilities, supply mobile CT, support and care to HIV-infected and affected persons and HIV and AIDS prevention services to rural and other under-serviced communities throughout the Bojanala District. Care and support activities will be provided through ongoing partnerships with other CBOs and FBOs (faith-based organizations) with expertise in these areas.

The South African Government, specifically the Bojanala District Department of Health, supports and contributes to a sustained and broad-based community mobilization and outreach effort in public health facilities, schools, other government outlets, and through media. Informal partners include local businesses, Radio Mafisa, local taxi associations, mining corporations and others, who provide support for LifeLine's community mobilization and outreach efforts. In particular, Mafisa Radio Station provides an hour timeslot weekly for LifeLine to discuss and debate on topics related to HIV and AIDS education, and the local taxi associations agreed, in 2006, to paste LifeLine stickers on their vehicles and to participate in condom-use campaigns.

In LifeLine's community outreach and education, many prevention modules require male and female participants to be separated in order to delve into specific issues. LifeLine will continue to use this approach during education and training sessions in FY 2008. The program activities also emphasize changing male norms and behaviors, discouraging cross-generational partners, promoting one-partner relationships and altering the norm of violence against women in society.

ACTIVITIES AND EXPECTED RESULTS:

Four activities will be covered in this program area. Messages for younger audiences will focus mostly on abstinence or delayed sexual debut. This will also include encouraging sexually active youth to consider secondary abstinence. Messages for the older youth and adult population will focus mostly on reduction in the number of sexual partners and will encourage non-concurrent sexual relationships. LifeLine will also promote the consistent and correct condom use. LifeLine will also work with the traditional leaders and community to transform male norms and behaviors in order to reduce violence and sexual coercion, and discourage cross-generational sex, which is rife in the community.

ACTIVITY 1: Mobile Counseling and Testing and Health Education Services

LifeLine uses two mobile units to reach high numbers of adolescents and adults in the community. The staff within each mobile unit consists of: two Counselors, two Community Outreach officials, and one Nurse. Currently the mobile covers five sub districts in the Bojanala region, and each of these five sub-districts features a minimum of two hot spots. The mobile unit services each hotspot for approximately seven hours a day, and a hotspot is revisited on a bi-monthly basis. The main aim of the mobile service is to increase accessibility, create awareness, and provide education and training on issues relating to HIV and AIDS prevention within the community. The mobile units provide Counseling and Testing (CT) services, offering a full range of CT services as well as prevention interventions. During the mobile visits, communities are educated on correct and consistent use of condoms, as part of a comprehensive ABC prevention program. Community members who test positive at the mobile unit are referred to the nearest hospital so that they can be enrolled in treatment, care and support programs.

Activity Narrative:

ACTIVITY 2: Community Mobilization

The community mobilization and outreach efforts seek to ensure that the general public receives the necessary information targeted towards behavior change. The HIV prevention activities, conducted in the area surrounding the hot spots, will be conducted by eight LifeLine community outreach volunteers and trainers. Education is provided in plenary sessions, as well as focus group education and discussion. Education topics highlight behavior and attitudes concerning: cultural, legal, gender, alcohol and substance abuse in young people as a risk factors, and other related social issues; multiple partners and cross-generational partnerships; and, for persons over 15, correct and consistent condom use. All prevention activities are target and language group sensitive (i.e. each target group receives relevant information and education specific to the age, culture or other dynamic of the group). Some activities are also conducted at the LifeLine offices. Individuals who live close to the LifeLine offices can access services at the LifeLine center. Activities at the LifeLine center are conducted by LifeLine community outreach volunteers and four trainers.

ACTIVITY 3: Capacity Building

Human capacity development requires ongoing trainings throughout the project. In-service training will be provided for the community outreach volunteers. This will ensure sustained motivation, competency and proficiency in carrying out LifeLine's HIV prevention activities. Peace Corps volunteers often assist with training, as needed. Bi-annual training for new personnel ensures project retention while monthly in-service training promotes staff retention. Workshops aimed at community members will also be conducted. These workshops are 2-days in duration, and are aimed at achieving behavior change with respect of safer sex practices. FY 2008 funding will ensure that these workshops will be conducted once a month per hotspot. The workshops will be held one day a week over a two week period, with the same participants. Each workshop will accommodate groups of 10-20 persons. A variety of techniques and participatory methodologies will be used. Topics cover basic life skills, HIV and AIDS general and prevention education, correct and consistent use of condoms, concurrent, same sex and cross general partners. The workshops will be facilitated by LifeLine trainers. In order to access behavior change and retention of information, a follow-up evaluation session will be held three months after completion of each workshop.

These activities will contribute to PEPFAR 2-7-10 goals of averting HIV infections through promoting Condom and Other Prevention behaviors among the general population and youth.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8252

Related Activity: 13989, 13991, 13992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23094	8252.23094.09	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	9897	4753.09		$106,800
8252	8252.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	$79,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13989	8271.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
13991	8253.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
13992	8255.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	12	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,320	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	257.08	**Mechanism:**	N/A
Prime Partner:	Medical Research Council of South Africa	**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:	7956.08	**Planned Funds:**	$1,560,819
Activity System ID:	14019		

Activity Narrative: SUMMARY:

There are these separate programs being implemented by the Medical Research Council (MRC) in this program narrative. The first focuses on vulnerable populations, the second on gender-based violence and HIV, and the third on male circumcision. MRC's FY 2008 activities in the area of vulnerable populations build on FY 2005, 2006 and 2007 PEPFAR investments to strengthen programs serving IDUs, sex workers and MSM by developing the capacity of organizations to deliver services that enable these populations to reduce risk of HIV infection. Activities will focus on creating multi-sectoral and multi-disciplinary consortia of substance abuse and HIV organizations and developing organizational capacity to implement targeted community-based outreach interventions, linking outreach efforts to risk reduction counseling related to drugs and HIV, and access and referral to substance abuse, HIV care, treatment, and support services. In addition, the MRC will design and implement a behavioral HIV prevention intervention to reduce sexual risk behavior associated with alcohol use in bars in Tshwane. The major emphasis areas are the development of networks, linkages, and referral systems; and information, education and communication. Emphasis areas include local organization capacity building; quality assurance and supportive supervision; and training. Target populations are men, women, pregnant women, youth at risk, high-risk vulnerable populations and support organizations for IDUs, sex workers, other healthcare workers, community-based organizations (CBOs), non-governmental organizations (NGOs) and MSM.

BACKGROUND:

Findings from the South African-conducted International Rapid Assessment Response and Evaluation (I-RARE) of drug use and HIV risk behaviors among vulnerable drug using populations (injecting drug users (IDUs), sex workers and men who have sex with men (MSM) point to: high prevalence of overlapping drug and sexual risk behaviors; high prevalence of HIV in these populations; high levels of alcohol use and sexual risk behaviors and barriers to access and utilization of risk reduction, substance abuse and HIV services.

In FY 2005, PEPFAR supported MRC to conduct a rapid assessment of drug use and HIV risk among IDUs, sex workers and MSM in Cape Town, Durban, and Pretoria. In FY 2006, PEPFAR supported the convening of public and private partners, stakeholders, and organizations serving the target populations to develop recommendations, based on the findings of the rapid assessment. In FY 2007 and FY 2008, the MRC, in collaboration with a consortium of organizations and provincial governments is in the process of implementing interventions to reduce high-risk drug use and sexual behaviors and increase access to and utilization of services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Linking and Coordination of Drug Abuse Treatment and HIV
Finding of the rapid assessment indicate lack of linkages and coordination of drug abuse treatment and HIV services. This activity focuses ondeveloping the capacity of Non government organizations (NGOs) and community-based organizations (CBOs) and other HIV and drug service organizations serving IDUs, sex workers and MSM to implement interventions targeting high-risk drug use and sexual behaviors and increase their access to and utilization of services. This activity will support the formalization of consortia linking drug abuse treatment and HIV service delivery organizations and the development of capacity among the consortia for the provision of comprehensive HIV and AIDS programs tailored for drug using vulnerable populations and adapted to the local epidemic. Components will include community-based outreach, risk reduction counseling, access and referral to HIV counseling and testing, substance abuse, and other HIV care and treatment services, including STI services. Community workers will be trained to access hidden populations and provide risk reduction related to violence, drug use, injecting and safer sex. Existing training manuals will be adapted to train outreach workers to implement community-based outreach. FY 2008 activities will be expanded to include underserved areas outside of the Durban, Cape Town, Tshwane metropolitan areas and in Mpumalanga province.

ACTIVITY 2: Design and Implement an HIV Intervention to Reduce Sexual Risk Behavior Associated with Alcohol use in Tshwane Bars

Using FY 2006 funding, MRC conducted formative research to identify a range of intervention methods that may be effective in reducing HIV sexual risk behavior associated with alcohol consumption. FY 2007 funding was used to develop specific bar-based intervention using methods proven to be effective in prior research. Future plans for this project build on FY 2006 and FY 2007 PEPFAR investments. In FY 2008, the MRC will continue to refine the interventions and make recommendations for implementation in other provinces and locations. FY 2008 COP activities will involve completing the pilot; collecting three-month follow-up data; making recommendations for adapting and scaling up the intervention to diverse socio-cultural settings.

ACTIVITY 3: Design and Implement an HIV Intervention to Reduce Sexual Risk Behavior Associated with Alcohol Use in Cape Town

Formative work related to (1) the design of a behavioral intervention aimed at reducing alcohol-related sexual HIV risk and gender-related violence for women in Cape Town, (2) designing behavioral interventions aimed at reducing drug abuse during pregnancy and associated HIV risk behavior, (3) designing behavioral interventions aimed at reducing drug-related HIV risk behavior among first time juvenile offenders and (4) better understanding the pathways through which alcohol affects HIV transmission and quantifying this association.

ACTIVITY 4: Effective delivery of PEP after rape: challenge of compliance

Monitoring and support of patients on anti-retroviral therapy (ART) is an important aspect of AIDS treatment and the daily support to patients to facilitate medication adherence during the initial stage is seen as an essential aspect of care (NDOH National Antiretroviral treatment Guidelines, 2004). Many lessons on how to support patients receiving post-exposure prophylaxis after a sexual assault can be gained from the ART program, and include extensive pre-treatment information and education, encouraging use of tools such as adherence diaries and motivational interviews during the initial period of pill-taking. The MRC is currently

Activity Narrative: engaged in a small proof of concept study that will lead to the development and testing of an information leaflet for patient education and adherence diary and of a model of providing nurse-led telephonic support in sites in the Western Cape and Eastern Cape with funds from Irish Aid. MRC will build on this work by developing two components of health service delivery and undertake an evaluation to determine impact of these on compliance with 28 day PEP courses. The first model of service delivery would be a model of nurse-led counseling for rape survivors that could be provided during the routinely scheduled weekly follow up visits to which patients are currently invited in services. The counseling would include adherence counseling, but would mostly focus on providing general psychological support for rape victim/survivors. The second model would be of follow up contact with victim/survivors on intermittent occasions during the 28 day period over which PEP is recommended. The model would seek to establish contact on days 2, 5, 13 and 20 after rape either by cell phone (~70% of South Africans have these) or home visit with the aim of providing support and encouraging adherence. The counseling model would build on existing good practice in the services. MRC will identify examples, study the approach and content of counseling in these settings, and develop a short training intervention that would train staff to follow the counseling model. The telephonic intervention would build on the MRC research in progress, but would in addition develop a model of home visitation that would be feasible and affordable for health services, building again on current good practice. The interventions will be implemented in the Western Cape, Eastern Cape and Gauteng Provinces in 24 sites providing care to sexual assault victim/survivor. Target population includes all victim/survivors of gender-based violence, including men, women and children of all ages. Victim/survivors would be given a leaflet about rape and HIV with an adherence diary. Staff at the sites will be trained to provide counselling during weekly follow up visits.

Activity 5: A rapid appraisal of traditional male circumcision (mc) and initiation processes
At the request of the NDOH, MRC will implement a rapid appraisal of traditional mc practices in 7 provinces of South Africa. The purpose of the activity is to gain an in-depth understanding of the processes, practices and meaning of initiation for boys and to gain an in-depth understanding of the community's response to the finding that mc plays in the role of HIV prevention. The rapid appraisal will be conducted through the implementation of focus groups, in-depth interviews and key informant interviews. The findings will be presented to the ministry of health together with a policy brief highlighting how HIV prevention messages and behavior change can be integrated into traditional male circumcision processes.

Results contribute to PEPFAR 2-7-10 goals by preventing infections among vulnerable drug using populations, and encouraging them to know their status and be appropriately referred to treatment services. The gender-based violence component will ensure prevention of transmission to survivors of sexual assault, and the rapid appraisal will help formulate policy around the incorporation of HIV prevention into traditional initiation processes

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7956

Related Activity: 14018, 15085, 14020, 14021, 14022, 14023, 14024

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22921	7956.22921.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$1,481,115
7956	7956.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's legal rights
* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	21	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	7,020	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas
Gauteng
KwaZulu-Natal
Western Cape
Mpumalanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 486.08
Mechanism: N/A
Prime Partner: National Department of Correctional Services, South Africa
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: 3029.08
Planned Funds: $436,500
Activity System ID: 14035

Activity Narrative: SUMMARY:

PEPFAR funds will support the Department of Correctional Services (DCS) to raise awareness about the prevention of HIV and progression to AIDS through the procurement of posters, pamphlets, videos/DVDs and booklets. CDC South Africa (SA) will review posters prior to printing and distribution. The appointment of six HIV and AIDS Management Area Coordinators (MACs) for the HIV and AIDS Offender Program, six Regional Coordinators and six Management Area Coordinators for the HIV and AIDS Workplace (members) Program as well as dieticians, on a contract basis of one year, will enhance the program implementation. The HIV and AIDS coordinators will coordinate, monitor and evaluate all HIV and AIDS programs. The emphasis areas for this program are workplace programs and reduction of violence and coercion. The target population will include male and female offenders and people living with HIV (PLHIV).

BACKGROUND:

The Department of Correctional Services has two distinct HIV and AIDS programs that are currently being implemented. It has a comprehensive HIV and AIDS Program for offenders for which a separate directorate was established in 2004. It also has a separate HIV and AIDS workplace program for personnel. Correctional officials are deployed in Correctional Centers, Community Corrections Offices, Management Areas, Regional Offices, and the National Head Offices. The HIV and AIDS workplace program currently resides under the Directorate for Human Resources Support and forms part of the Employee Wellness Program. Raising awareness and the role of behavioral change including safe sex practices in prevention among offenders and correctional officials forms a critical element of the comprehensive HIV and AIDS Program in the Department of Correctional Services. The utilization of educational posters, pamphlets, booklets, videos/DVDs, group activities, celebration of commemoration days raise awareness and encourages safe practices by empowering participants with knowledge and distributing condoms. Educational posters for offenders have previously been procured and distributed to the regions. Feedback received from the regions with regard to the utilization of these posters was positive and encouraged procurement of more educational material by Department of Correctional Services from accredited and registered service providers. The educational material was utilized by the master peer educators and HIV and AIDS coordinators during training and awareness raising sessions in Correctional Centers. The appointment of HIV and AIDS MACs for offenders, whose function is to coordinate HIV and AIDS comprehensive programs on contract basis, with funding received in 2004/2005 has proven to be successful and has enhanced the implementation of HIV and AIDS programs and services at management area level as well as at a correctional center level. It furthermore contributed to the fact that the human resource capacity in at least five management areas was extended by converting the contract post to a permanent post. Due to the shortage of human resources in the regions and at Management Area level, and to ensure the implementation and management of HIV and AIDS programs and services for staff, it is envisaged that the advertising of one year contract posts as indicated will add value to enhance and broaden the involvement of staff in HIV and AIDS activities and services in the workplace.

ACTIVITIES AND EXPECTED RESULTS:

There are approximately 162,000 offenders (both sentenced and un-sentenced) incarcerated in 241 Correctional Centers managed by the DCS, and 36,879 offenders in community corrections programs. The average offender population of a correctional center is approximately 4,000. In addition, DCS currently employs approximately 41,000 persons. This program is designed so that every offender and every correctional official will be exposed to ongoing information sessions and be involved in programs on HIV and AIDS through awareness-raising sessions and behavioral change programs, and training of professionals as well as offenders, and the changing of perceptions and behavior among correctional officials and offenders.

ACTIVITY 1: Procurement and Distribution of Educational Material and Procurement of Relevant Behavioral Programs

DCS will procure HIV and AIDS educational material that will be utilized during didactic training sessions, small group sessions, bigger projects and behavioral programs and for both offenders and correctional officials. These materials will be obtained through the Departmental procurement process. Offenders who are trained as HIV and AIDS peer educators, social workers, health care professionals, psychologists, chaplains and Employee Assistance Professionals provide prevention messages. The basic approach to HIV prevention is through group or individual sessions with all offenders in the Correctional Centers where information on abstinence, faithfulness and condom use is provided. The educational material will be distributed to all Correctional Centers and the utilization thereof will be monitored by the management area and correctional center coordinators. This activity is expected to reach individuals with relevant prevention messages. An urgent need has been expressed by the HIV and AIDS Workplace program for members to procure educational material. As explained in the background, the HIV and AIDS Workplace program focuses on custodial officials in the Correctional Centers as well as staff employed in the National, Regional and Management offices. JHU/CCP's Tsha Tsha materials are also used in some Correctional Centers to supplement what has been produced by DCS.

ACTIVITY 2: Appointment of HIV and AIDS Management Area Coordinators and Regional Coordinators

PEPFAR funds will also support the appointment of six HIV and AIDS Management Area Coordinators. These posts are intended to oversee the implementation of project activities. HIV and AIDS MACs are responsible for monitoring and evaluation of all HIV and AIDS programs. They will coordinate with other stakeholders, procure materials, and facilitate in-service and other training of staff and offenders as peer educators and on awareness. Posts will also facilitate HIV and AIDS work sessions, coordinate meetings, assist in gathering and tabulating required HIV and AIDS data and ensure that necessary reports and documents are submitted to the Regional HIV and AIDS coordinators. PEPFAR funds will also now support the appointment of six Regional HIV and AIDS Coordinators to assist with the management of HIV and AIDS programs and services for staff. It is furthermore envisaged that six additional MACs, especially for the bigger Management Areas, will be appointed to manage the HIV and AIDS program for staff. This has not been covered in the FY 2007 COP.

ACTIVITY 3: Behavioral Change Programs

Activity Narrative:

It is important to ensure that correctional officials and offenders in correctional centers engage in responsible behavior to mitigate the impact of HIV and AIDS and promote healthy living, abstinence, faithfulness and condom use. It is envisaged that six behavior change campaigns for offenders (one in every region) will be held. Behavior change programs will be developed on a scientific base through researching and the utilization of external experts. Funds will be allocated to the regions to ensure the implementation of these behavioral change programs, emphasizing responsible behavior. All the Correctional Centers (including correctional officials and offenders) in a Management Area will be included during the behavior change events and involved in more therapeutic programs or projects focusing on responsible behavior. In order to ensure that international calendar events are commemorated in the Department, such as Candle Light Ceremony and World AIDS Day, it is important to support the regions financially to conduct behavior change activities as well as programs aimed at developing responsible behavior around these special days for both staff and offenders. The awareness-raising sessions and behavior change programs, as well as the development of behavioral programs, will be conducted by external service providers who will be invited through the Departmental procurement processes. Offenders will be capacitated with the necessary skills and knowledge on HIV and AIDS during these sessions.

ACTIVITY 4: Addressing Violence and Coercion

All offenders will be exposed to at least two group sessions led by the peer educators discussing gender violence in the family. Social workers and Psychologists in the correctional centers will also provide one- on-one counseling to inmates who are abusive. This activity will specifically target those inmates who are in the pre-release centers or on parole.

The HIV prevention activities described in this section support the 2-7-10 PEPFAR goals by targeting a key high risk population in South Africa, promoting HIV-awareness and preventive behaviors, responsible sexual behavior and encouraging inmates and correctional officials to take a more active role in promoting HIV prevention.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7373

Related Activity: 14036, 14037, 14038, 14039, 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22996	3029.22996.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$0
7373	3029.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$450,000
3029	3029.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14036	3030.08	6691	486.08		National Department of Correctional Services, South Africa	$135,800
14037	6544.08	6691	486.08		National Department of Correctional Services, South Africa	$388,000
14038	3032.08	6691	486.08		National Department of Correctional Services, South Africa	$630,500
14039	4526.08	6691	486.08		National Department of Correctional Services, South Africa	$203,700
14040	3031.08	6691	486.08		National Department of Correctional Services, South Africa	$145,500

Emphasis Areas

Gender

* Reducing violence and coercion

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	240	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

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: 14063.08

Planned Funds: $200,000

Activity System ID: 14063

Activity Narrative: SUMMARY:

In close collaboration with the National Department of Health (NDOH), CDC will provide overall HIV and AIDS programmatic support to the national and provincial Departments of Health. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow. PEPFAR other prevention-specific activities are represented on the NDOH operational plan, and contribute to the overall implementation of the national HIV and AIDS program. During FY 2007, CDC participated in the development of the Accelerated HIV and AIDS Prevention Strategy. During this process, a number of activities where identified and prioritized by the NDOH. These include activities focusing on prevention with positives (PwP); activities targeting parents, and activities focused around young women between the ages of 20 and 30. The PwP activities will complement the PwP activities within the CARE portfolio.

BACKGROUND:

The aim of the "In Support of the NDOH other prevention" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion of existing prevention efforts in all nine provinces of South Africa. In addition this project provides ensures technical assistance and implementation of new and innovative projects in the prevention arena. Two new prevention initiatives will be piloted in South Africa using FY 2008 PEPFAR funding. These include "Families Matter!" and a clinic-based prevention with positives initiative. The major emphasis area is training with a particular focus on in-service training. Other emphasis areas include development of network/linkages/referral systems and local organization capacity development. Target populations for these activities include healthcare workers, community-based and non-governmental organization, the general population, including children aged 10-18 years, youth, parents, people living with HIV (PLHIV) and discordant couples. A particular focus of this activity is prevention with positives. Addressing prevention with HIV-infected patients is an important part of a comprehensive prevention strategy. Through healthy living and reduction of risk behaviors, these prevention interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. The rapid scale-up of HIV care and treatment has created an opportunity to reach many HIV-infected individuals with prevention interventions on a regular basis.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

FY 2008 funding will be used to building the capacity of local organizations supported by the NDOH that are working with in the area of other prevention. Capacity building will be achieved through the provision of training on HIV and on the promotion of prevention messages. This will be done in collaboration with the NDOH and in line with their priorities. Prevention messages and activities will target the general population and will focus on reducing concurrent partners, correct and consistent condom use, and behavior change messaging.

ACTIVITY 2: Families Matter!

FY 2008 PEPFAR funding will be used to begin to adapt and implement the Families Matter! Program (FMP). FMP is an evidence-based, parent-focused intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction for parents of 9-12 year olds. FMP recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behavior and communicate important HIV, STD, and pregnancy prevention messages to their children. The ultimate goal of FMP is to reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. Families Matter! is delivered over five consecutive sessions where each lasts for three hours. Each session builds upon the foundation laid in the previous session. Activities will be implemented in accordance with the NDOH.

ACTIVITY 3: Prevention with Positives

HIV clinics and hospitals will be supported to adapt and implement a comprehensive package of prevention interventions for HIV infected individuals in care and treatment settings. Two provinces will be selected to pilot the intervention, namely Free State and Mpumalanga. The prevention interventions include provider- and counselor-delivered prevention messages, family planning counseling and services to HIV infected women and their partners, STI management and treatment, and testing of partners and children. Specifically, health care providers will be trained to deliver targeted behavioral messages to patients on disclosure, partner testing, and sexual risk reduction (abstaining or being faithful and using condoms consistently) during all routine clinic visits. Providers will be trained to deliver family planning counseling and services (funded through wrap around funds) to HIV infected women and their partners in the HIV clinic settings and these services will be integrated into the HIV clinic. In addition, providers will be trained to manage and treat STIs in the HIV care and treatment setting. Lay counselors will be placed in these settings for more in-depth prevention counseling beyond what health care providers have the time to address. They will counsel persons living with HIV on several key prevention issues, including sexual risk reduction, disclosure, adherence, reduction of alcohol consumption, and testing of sex partners and children in the HIV clinic setting. These interventions will be implemented using the CDC's HIV Prevention in Care and Treatment Settings Prevention Package, which includes several training packages and job aids. Other prevention is addressed by all providers in all components of the intervention. Medical providers will promote consistent condom use with all patients during each clinic visit. Mid-level providers and lay counselors will routinely recommend consistent condom use through tailored prevention messages. In addition, condom use is promoted in the Family Planning intervention as a method of dual protection. Condom use is also promoted as part of STI management as a method for reducing STI transmission and acquisition. In addition to recommending condoms and providing educational materials on condoms, clinics will stock an adequate supply of male condoms to distribute to each HIV-infected patient at every clinic visit.

ACTIVITY 4: Women 20-30

Activity Narrative: FY 2008 funding will be used to work with the NDOH to refine its prevention strategy targeting young women between the ages of 20-30. Funding will be used to assist the NDOH in integrating HIV prevention activities within the family planning setting. Activities will be aimed at the Provincial Maternal Child and Women's Health Coordinators. These provincial coordinators meet quarterly to discuss pertinent issues affecting women and children in their provinces and develop strategies to address these challenges. FY 2008 funding will be used to facilitate two quarterly meetings that address integration of HIV prevention into family planning services. At the first quarterly meeting, the facilitator will ensure that an implemental integration strategy specific to each province is developed. Thereafter, at the subsequent meeting, provincial coordinators will be required to report on progress, and challenges relating to the integration of HIV prevention and family planning services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14057, 14058, 14068, 14069, 14071, 14059, 14060, 14061, 14062

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas
Free State
Limpopo (Northern)

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	466.08	**Mechanism:**	HPI
Prime Partner:	Health Policy Initiative	**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:	6427.08	**Planned Funds:**	$388,000
Activity System ID:	15074		

Activity Narrative: SUMMARY:

While more coordinated strategies to improve women's reproductive health have been developed in South Africa, comprehensive national guidelines and policies to improve men's reproductive health are still sorely lacking. Gender norms play a crucial role in fuelling the HIV and AIDS epidemic, in terms of condoning men's violence against women, granting men the power to initiate and dictate the terms of sex, and making it extremely difficult for women to protect themselves from either HIV or violence or to access critical health and education services. By equating masculinity with sexual conquest, gender roles also contribute to what research suggests is the most significant factor driving the spread of HIV across sub-Saharan Africa - multiple concurrent sexual partnerships. Studies by Dworkin SL & Ehrhardt AA, Going beyond "ABC" to include "GEM": Critical reflections on progress in the HIV and AIDS epidemic and Noar, S.M. & Morokoff, P.J. (2001), The Relationship between Masculinity Ideology, Condom Attitudes, and Condom Use, show that traditional gender roles lead to men's "more negative condom attitudes and less consistent condom use" and promote "beliefs that sexual relationships are adversarial. Men are also far more likely to drink more heavily than women and more likely to be habitual heavy drinkers according to the 2002 World Health Report. Alcohol consumption is a risk factor for gender-based violence and for the sexual disinhibition that contributes to the spread of HIV and AIDS. Further research reveals that men are significantly less likely than women to utilize voluntary counseling and testing (VCT) services. Recent national studies in South Africa found that men accounted for only 21% of all clients receiving VCT and they also reflect the fact that many reproductive health services do not address men's HIV, STI and other sexual and reproductive health related needs. The National Strategic Plan recognizes the prevention role MC can play as part of a prevention strategy.

The above evidence calls for more concerted efforts to improve men's opportunities to realize their sexual and reproductive health and rights. In 2006 and 2007, HPI TO1 conducted a analysis to provide an overview of the status of men’s sexual and reproductive health and rights, especially as it relates to HIV, in South Africa as well as the impact this has on women’s health, an overview of current research that addresses the needs of men in preventing the spread of HIV and AIDS, an overview of evidence-based HIV and AIDS prevention interventions for men, currently being carried out by civil society and an overview of policies and guidelines that currently exist in South Africa, which address the sexual and reproductive health needs and rights of men including MC.

HPI TO1 will bring into the dialogue the myriad of key stakeholders, such as traditional leaders, community groups, provincial authorities, and the medical establishment and in collaboration with NDOH, WHO, UNAIDS, they will undertake to draft a national set of men’s reproductive health and rights guidelines which give strategic direction for improving male reproductive health and reducing men’s vulnerability to HIV and AIDS.

In support to the NDOH, HPI TO1 will conduct four day trainings for representatives from government, the public and private sectors to implement the final national set of men's reproductive health guidelines which give strategic direction for improving male reproductive health and reducing men's vulnerability to HIV and AIDS.

BACKGROUND:

National reproductive health and rights guidelines for men would not only provide an opportunity to build the capacity of programs and policy makers, but would also facilitate better cohesion and collaboration across government and civil society in their work with men. An important component of these guidelines would be to ensure that the reproductive health of more marginalized groups of men gain greater attention: migrant workers, men who have sex with men, male sex workers, refugees and prisoners, for example. Providing strategies which incorporate the needs of these vulnerable groups would facilitate the development of better designed programs, particularly those which address issues such as high turnover of sexual partners, high risk of sexually transmitted infections, non-use/inconsistent/incorrect condom use, lack of knowledge of HIV status and alcohol and other substance abuse. The guidelines will become a vital resource for training government and civil society on the different approaches outlined. As a result, more comprehensive and cohesive programs will be rolled out which address the reproductive health needs and rights of different groups of men in South Africa. HPI TO1 was a key partner involved in the development of the National Reproductive Health Guidelines for Men in 2007. As a follow up on the COP FY 2006 and FY 2007 work, HPI TO1 will be developing and implementing training programs that will address men's reproductive health needs and reducing men's vulnerability. These programs will also assist in ensuring the increase in men's utilization of reproductive services - especially with STI treatment, HIV testing, ARV uptake and circumcision (MC).

ACTIVITY 1: Prevention Workshops

HPI TO1 will conduct workshops for nine provinces. A minimum of 15 participants per workshop per province (135) will be trained. The workshop will target both the NDOH service providers as well as policy makers at different workshops accordingly. The training will be in the form of four day workshops. HPI TO1 in collaboration with Sonke GenderJustice, a short term contractor developed training materials based on the desktop review and the National Reproductive Health Guidelines for Men of 2007. The workshops will focus on the guidelines themselves and will guide managers on how to develop programs that address gender issues, that promote the increase in the uptake of health services by men, and that promote community awareness on men’s reproductive health issues and needs. The trainings will also be mechanisms of fostering coalitions and networks among stakeholders. This will also be a form of mobilization and advocacy. Through this training individual knowledge, skills and leadership capacity will be strengthened and there will be influence/change in organizational practices. The trainings will not be accredited. This training activity will strengthen the capacity and collaboration of National Department of Health (NDOH), and civil society groups in their work with men to ensure implementation of the National Reproductive Guidelines for Men.

ACTIVITY 2: Male Circumcision

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. In the absence of such approval and based on discussions with the PEPFAR South

Activity Narrative: Africa team, funds could fully or partially be reprogrammed. Should the approval for safe clinical male circumcision activities be given, HPI TO1 is proposing the following male activities:

HPI TO1 will work closely with JHPIEGO and the NDOH TBD program to jointly develop prevention messaging for traditional leaders, tradition healers and traditional surgeons that can be incorporated in to existing traditional male circumcision activities.

ACTIVITY 3: Traditional Leaders and Healers

Using tools and messaging from Activity 2 above, HPI TO1 will work with traditional leaders, traditional healers and traditional surgeons to build capacity in the delivery of appropriate, accurate prevention messaging in the context of male circumcision. Activities will include trainings on prevention messaging piloting and testing the impact of the messaging and monitoring and follow up to ensure that prevention messaging is accurately delivered.

This activity contributes to the PEPFAR 2-7-10 goals by creating greater awareness of men's reproductive needs thus reducing men's vulnerability to HIV and AIDS through addressing issues like MC, increasing correct and consistent condom usage and preventing new infections, and by training individuals to promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7606

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23063	6427.23063.09	U.S. Agency for International Development	Health Policy Initiative	9886	466.09	HPI	$0
7606	6427.07	U.S. Agency for International Development	The Futures Group International	4484	466.07	HPI	$100,000
6427	6427.06	U.S. Agency for International Development	The Futures Group International	2670	466.06	Policy Project	$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	135	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3462.08 **Mechanism:** DoE

Prime Partner: National Department of Education

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 14045.08

Activity System ID: 14045

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: $242,500

Activity Narrative: SUMMARY:

Activities to provide other prevention strategies will be carried out by two local universities and two vocational colleges and will be integrated with the abstinence and be faithful (AB) activities to support the Department of Education (DOE). Activities will be focused at the Universities of the Western Cape (UWC) and University of Zululand (UniZul). FY 2008 PEPFAR funds will support existing programs to provide training in other prevention to prevent the spread of sexually transmitted infections (STIs), and HIV and AIDS. Activities will target university students and will promote healthy behavior. Primary areas of emphasis will be gender, participation, and training students as peer educators to develop skills to practice healthy behaviors. The program will target students aged 15-35, both males and females.

BACKGROUND:

UWC and UniZul have identified HIV and AIDS as a key challenge on their campuses and surrounding areas. The institutions have identified qualified senior university personnel to manage and direct HIV and AIDS policies and programs. UWC has 15,000 students and the majority of the students and staff are black South Africans. Women comprise 57 percent of the student body. UWC is located in the Cape Flats area, where high incidences of drugs, alcohol and gang violence have been reported. UWC's HIV and AIDS program was established in 2001 and it includes a focus on peer education, counseling and testing (CT), integration into the curriculum, and outreach to local communities where youth are at risk. UniZul is situated in northern rural KZN close to the major industrial and growth center of Richards Bay. This area is growing phenomenally due to the amalgamation of adjacent peri-urban, low cost housing, rural and informal housing areas. UniZul student enrollment is 8,000. Students are mainly from historically disadvantaged communities and are aged from 18 to 35 years. UniZul operates multiple programs on campus to fight HIV and AIDS, conducts peer education prevention programs, provides CT, and offers ARV treatment. The university offers outreach peer education programs to local high school students and interacts with local communities and hospitals. Vocational colleges will offer other prevention programs integrated with activities encouraging students to be faithful to their partners. The DOE recently revamped the colleges to offer courses that respond to emerging skills needs. Colleges will train students to qualify in priority skill areas and engage in the economy as productive artisans to strengthen the workforce. Some of the colleges have embarked on their own HIV and AIDS programs, offering prevention services to students and training students to be health care workers.

ACTIVITY 1: Other Prevention at UWC

FY 2008 PEPFAR funds will support other prevention programs at UWC targeting all students on campus, particularly first year students. Activities will address gender issues by directly targeting male norms and behaviors and challenging the way in which practices based on traditional masculine identity encourage the continued spread of HIV. Training will focus on partner communication skills. USG resources will increase the involvement of people living with HIV (PLHIV) by supporting two health promoters. Health promoters will provide individual counseling, initiate and run support groups, offer advice on nutritional support, and treatment of opportunistic infections, staging of the disease and information on healthy living. Training in risk reduction communication skills aimed at first year students will encourage attitude and behavior change. Fifty peer educators will encourage 1,000 first year students to participate in HIV and AIDS prevention programs as part of their work study programs. Students will receive a stipend, and will be mentored to become peer educators during their second and third year of study at UWC, gaining facilitation and training skills. Training will be on safe sexual practices including proper and consistent use of condoms and issues on cross-generational and transactional sex. UWC has a fully equipped Student Health Services facility on campus managed by qualified personnel. It offers free CT to students, and those students who test positive for HIV are referred for further consultation and treatment at the local hospital. UWC has 80 condom dispensing machines on campus and extra machines at all student residences, and condoms are offered free of charge from the Department of Health.

ACTIVITY 2: Other Prevention at UniZul

Programs at UniZul include peer education, treatment and CT. UniZul has a partnership with the local hospital where students who test positive for HIV are referred for further consultation and treatment. The university has an established CT site within the campus clinic, operated by qualified personnel although under resourced to meet the student needs. Education funds will support a counselor to address gender-based violence related to rape on campus and negotiation skills to empower young girls to delay sexual activities and promote correct and consistent use of condoms. According to the UniZul, 90% of diseases treated at the campus clinic are STIs, and focus will be on support to the campus clinic to develop and offer programs to manage STIs. (However, USG funds will not finance treatment of STIs). PEPFAR funds will train 50 peer educators to reach out to 3,000 additional students who are already engaging in sexual activity. Training will be on the use of condoms and discourage students from engaging in risky sexual behavior, cross generational sex and having multiple sexual partners. UniZul will collaborate with DramAidE to stage communication campaigns through drama, art, and poetry, and develop a coordinated media plan to increase risk perception relating to multiple and concurrent partners. Activities will target students through religious, cultural and traditional societies. The USG will mobilize additional support from other PEPFAR-financed activities to install reliable condo-cans in residences. Although female condoms are available at the campus clinic, their use has not been widely demonstrated.

ACTIVITY 3: Other Prevention at Vocational Colleges

Focus will be on training 50 peer educators aged from 15 plus to reach out to 1,000 additional students to encourage consistent use of condoms to prevent HIV and STI infection. Students will be educated on safe sex measures which include correct and consistent condom use, cross-generation and transactional sex male norms and behaviors and gender related issues aimed at reducing violence and coercion.
Training will also address the prevention of risky behavior among students due to drug and alcohol abuse.

The results of this activity will contribute to the PEPFAR 2-7-10 goal of 7 million infections prevented and will directly support the USG/SA strategy in the area of preventive behaviors among youth.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14041, 14042

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14041	4784.08	6692	3462.08	DoE	National Department of Education	$1,746,000
14042	14042.08	6692	3462.08	DoE	National Department of Education	$291,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7412.08

Mechanism: APS

Prime Partner: Population Council SA

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: 16317.08

Planned Funds: $350,000

Activity System ID: 16317

Activity Narrative: SUMMARY:

This section of prevention is focused on strengthening community-based approaches to deliver balanced AB and C interventions for out-of-school youth in the Eastern Cape and Mpumalanga Provinces. Specifically, the Population Council (PC), the Eastern Cape Provincial Council of Churches and the Mpumalanga Provincial Council of Churches will pilot and scale-up a community-based prevention program geared mainly for out-of-school youth in two provinces of Eastern Cape and Mpumalanga in South Africa. These organizations have a wealth of experience in youth interventions, and have conducted relevant activities in this area in South Africa. The proposed program will contribute to key targets highlighted in the National Department of Health's Strategic Plan (2006/7-2008), which include the need to promote healthy lifestyles. The program should be highlighted for its intended contribution toward strengthening social mobilization and community involvement in prevention initiatives for out-of-school and vulnerable youth in particular. Emphasis areas include gender, human capacity development, and strategic information. Groups such as adults, people living with HIV and AIDS, out-of-school-youth, pregnant teenagers, and religious leaders will be targeted through community outreach programs.

BACKGROUND:

Based on their comprehensive and complementary experience working with young people, during FY 2008 the Population Council, the Eastern Cape Provincial Council of Churches and the Mpumalanga Provincial Council of Churches intend to design, implement and evaluate HIV prevention activities among out-of-school and other vulnerable youth who are not well reached by programs in largely rural and peri-urban areas in the EC and Mpumalanga. The program will deliver tailored Other Prevention interventions and messages to reach youth based on their age, sex and needs. It will work through youth clubs, churches and community groups. The program will draw extensively from the work of two partners in South Africa that formerly collaborated with the Population Council/Horizons Project and in Zambia where PC/Horizons worked with hundreds of out-of-school youth to implement a three-year program, which trained young people to provide care and support for people living with AIDS and OVC and to engage in prevention activities. As mentioned, the FY 2008 program will strengthen social mobilization and community capacity and involvement to participate in prevention initiatives for out-of-school and other vulnerable youth.

This section contains a strong dimension of strategic information so that processes and progress are systematically documented at all stages. Monitoring and evaluation activities will be based on collecting routine data and evaluating key program outcomes. Routine data will be tracked on a monthly basis to obtain program outputs such as the number, age and gender of the beneficiaries reached. The field support staff will receive training on strategic information, and will be responsible for collecting the required information.
ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Pilot and Scale-up

For FY 2008, this program will initially be piloted in two rural communities in one district in the Eastern Cape (Amathole) and also in a district in Mpumalanga (Nelspruit). The pilot will be refined within six months and expanded to four additional communities in these districts by the latter six months of the year. In year two, a second district will be identified in each of the two provinces (Mqanduli in the EC, Mpumalanga will be determined) for further expansion and scale-up. This strategy will allow for a phased-out scale-up approach, giving the partners the opportunity to develop and test relevant interventions, apply lessons and program results in the new sites, while strengthening activities in pilot sites. It will also provide the opportunity for the different communities and stakeholders to share best practices and lessons learned.

The program will reach at least 8,000 people with training, prevention and other services. The Other Prevention component will include: messages to delay sexual debut, channeling youth interest to include healthy activities such as sports, drama and other community activities; partner reduction, condom use for youth at risk of HIV infection and promotion of counseling and testing.

ACTIVITY 2: Implementation and Assessment of Prevention Messages and Interventions through Community Outreach

The focus of this activity is implementing and evaluating a relatively broad set of prevention outreach to the out-of-school youth. While the clear focus is on HIV prevention, an underlying objective is encouraging the out-of-school youth who have failed to complete school (e.g., due to pregnancy) to re-enroll and complete their education. Youth will be encouraged to explore training opportunities that will assist them to participate in income-generating activities within their communities. Peer educators, youth mentors, community leaders and stakeholders will also be trained. Male participation will be enhanced through targeted initiatives such as male forums that discuss gender norms and dynamics in the communities.

Other activities will include the promotion of correct and consistent use of condoms for sexually active youth; promotion of secondary abstinence; channeling youth interest to include healthy activities such as sports; drama and other community activities; messages and support around abstinence, being faithful messages for youth with partners and partner reduction and including promoting access to counseling and testing; and also messages on cross-generational and transactional sex; and finally, messages on gender norms aimed at reducing violence and coercion.

All of these activities will be geared toward understanding current local prevention activities; defining the prevention needs of out-of-school and other vulnerable youth; mobilizing stakeholders; designing and testing interventions that focus on correct and consistent use of condoms for sexually active, at-risk youth. The prevention strategies and interventions that are deemed feasible, acceptable and successful will be assessed and documented and the results shared widely to enhance expansion activities in year two.

During FY 2008 the program will contribute to key targets highlighted in the National HIV and AIDS and STI Strategic Plan (2007-2011), which includes the need to promote healthy lifestyles. The project will address the 2-7-10 PEPFAR goals by increasing the number of individuals reached through community outreach strategies that promote correct and consistent condom use for sexually active youth.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14269, 14574, 16316, 14270, 14271, 14575, 14272, 14273

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	48	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	840	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Eastern Cape

Mpumalanga

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4092.08

Mechanism: N/A

Prime Partner: Human Science Research Council of South Africa

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: 6534.08

Planned Funds: $0

Activity System ID: 16867

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity. PEPFAR funds were allocated to the Human Sciences Research Council (HSRC) to review outcomes of traditional male circumcision in the Eastern Cape. This activity was a one time review that is expected to be completed in December 2007 and therefore there is no need to continue funding this activity with FY 2008 COP funds.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7620

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7620	6534.07	U.S. Agency for International Development	Human Science Research Council of South Africa	4489	4092.07	Male Circumcision	$0
6534	6534.06	U.S. Agency for International Development	Human Science Research Council of South Africa	4092	4092.06	Male Circumcision	$100,000

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Coverage Areas

Eastern Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 262.08
Mechanism: N/A
Prime Partner: National Institute for Communicable Diseases
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: 15938.08
Planned Funds: $250,000
Activity System ID: 15938

Activity Narrative: SUMMARY:

Two activities will be implemented with FY 2008 funds. The first is conducting a health promotion campaign to raise awareness and increase service uptake for sexually transmitted infections (STIs) and HIV care and treatment among men in townships in Gauteng. The second activity is a continuing activity and involves the development (using results of 2007 provider survey) and dissemination of training intervention(s) aimed at improved healthcare provider management of genital ulcer disease (GUD) and other STIs in order to prevent new HIV infections. Both of these activities will be conducted by the STI Research Centre (STIRC) in the National Institute for Communicable Diseases (NICD) with the guidance of local Department of Health officials and CDC staff in South Africa, and in collaboration with local NGOs and CBOs as appropriate. They will work closely with CDC/Division of STD Prevention staff with prior experience and expertise in this area.

BACKGROUND:

Recently available data indicate that knowledge of STIs including HIV and availability of effective HIV and STI treatment is low among men living in townships in Gauteng. Additionally, men living in South Africa are less likely than women to be tested for HIV.

STIs represent episodes of behavioral and biologic risk for HIV, and the STI clinical encounter is a critical entry point for HIV prevention activities. HIV and other STIs, including GUD (a strong HIV co-factor) continue to have high prevalence in South Africa despite current prevention efforts. New HIV infections could be prevented with stronger clinical management of GUD and other STIs, particularly around prompt, improved case recognition and treatment, HIV testing and provision of other prevention modalities. STI/GUD management can be strengthened by systematically evaluating health provider barriers and needs, and providing them improved training and support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Health Promotion

This activity is an adaptation of a proven-effective community health promotion model using lay health advisors that has been used in other nations with high HIV prevalence. The lay health advisors deliver HIV/STI education and work with local health clinics to encourage men to use STI clinical services, HIV testing and treatment. The activity will be conducted in Gauteng province, specifically in townships near Johannesburg where government provided HIV/STI services are available. The target population is men living in townships with high HIV prevalence and thus often represents Most At Risk Populations (MARPS) including people living with HIV and AIDS, partners/clients of commercial sex workers, migrant populations of all types, and other high risk individuals. Specific activities for which PEPFAR funding will be used are: 1) Identify key community members who are known and trusted within the community (e.g., lay ministers, employees of trusted organizations, traditional healers or “lay” healers); 2) Assess the already existing training curricula in the Province; 3) Adapt an existing HIV/STI training curricula for lay health advisors; 4) Assess community norms, knowledge and attitudes toward STIs/HIV; 5) Develop appropriate educational materials (e.g., brochures) about STIs/HIV and ART for dissemination by lay health advisors; 6) Solicit feedback on educational materials from community members; 7) Translate materials into local languages as appropriate; 8) Train 30 lay health advisors in STD/HIV awareness and prevention; 9) Collaboration with local NGOs and CBOS to conduct activities. STIRC will hire needed staff, commodities, and other services to conduct the activity. The activity is anticipated to contribute directly to PEPFAR 2-7-10 goals in prevention, by preventing transmission of HIV among infected persons, and preventing acquisition of HIV among HIV-negative persons.

ACTIVITY 2: Health Care Provider Training in STI Management

To develop new (or as applicable, enhance existing) training and other interventions aimed at improved provider management of STIs -- particularly GUD -- results from a 2007 health provider survey identifying knowledge gaps, infrastructure challenges and training needs for STI/GUD care will be used, in consultation with local and national health officials. Training/dissemination activities will be coordinated with already existing district, provincial, and national Departments of Health tools and curricula.
Activities include: 1) Reviewing existing local and national STI training programs; identifying gaps and challenges to quality STI (e.g., GUD) management; 2) Using survey results to build new (or enhance existing) provider training and educational models using a variety of approaches deemed appropriate by local and national collaborators, 3) Ensuring integration of HIV testing and preventive services into the STI clinical encounter, 4) As possible, addressing structural barriers to quality STI/GUD care, 5) Disseminating provider intervention(s) through direct training of providers (and possibly other approaches).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	8683.08	**Mechanism:**	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS	**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:	19445.08	**Planned Funds:**	$215,000
Activity System ID:	19445		

Activity Narrative: SUMMARY:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa.

Activities and Expected Results:
Activity 1: Project Promote
Project Promote is a public private partnership established in 2006, between the South African Department of Health (NDOH), SABCOHA and the cleaning industry through Prestige Group, Fidelity Supercare, Steiner Group and BidAIR to as part of broader prevention programmes to provide an efficient and effective mechanism for condom distribution. Project Promote directly supports the NDOH in terms of extending condom distribution services through non traditional outlets. There is a national task team made up of representatives from each of the partners managed by SABCOHA, through a consulting organization Genlem projects that has worked in HIV and AIDS programmes within the cleaning industry for over 3 years. Currently Private sector infrastructure including personnel (trainers, supervisors and cleaners) are provided at no cost to the project, where SABCOHA funds the progamme management and the department of health procures, quality assures and delivers the condoms to the primary distribution sites free of charge. Primary distribution sites are actual Private Sector regional offices of each of the partners. Project Promote reports directly into the provincial and national departments of health using department of health approved M&E systems based largely on the Logistics Information System supported by USAID including LMIS sheets and Bin card. The interest in Project Promote shown by government and Private sector partners has lead to a far greater demand than originally envisaged and Project promote plans to have 43 operational Primary distribution sites in year one. Distribution mechanisms varying according to Private sector partner infrastructure, but the broad range of models enable project promote to access SME's otherwise difficult to reach over large geographical regions. In addition to this the project has begun supporting a community distribution programme whereby cleaners themselves are used as community distributors. Operationally over 5 years, Project Promote needs to be maintained and grow by at least 10 new primary distribution sites per year from year 2. Currently 8 of the 9 provinces are fully operational with Limpopo to be brought on in year 1 as part of the SABCOHA SME programme. This component of the programme will feed directly into the supply chain strategy and micro-enterprise strategy encouraging condom distribution through those mechanisms as well. It is anticipated that the SMME's reached through the Vendor-Chain Programme and the BizAIDS Programme will also be serviced by Project Promote. In addition to this as part of year one Project Promote will, based on systems currently used by the Department of Health streamline its operations through the development of and investment in greater IT technology and systems which will allow the programme to more effectively monitor the 43 sites in year one. On average the 43 sites are expected to distribute an accumulated total of 600 000 male condoms per month. These additional 10 sites for year 2 will bring the total number of sites to 53, with an additional 600 000 condoms distributed per month.

Activity 2: BizAids
BizAIDS through a network of small business associations and training providers will facilitate the transfer of skills to the informal sector. Skilled facilitators lead workshops of 18 – 20 business owners through topics ranging from: 1) understanding and identifying risks of HIV and other health risks; 2) protecting employees who are both HIV positive and negative; 3) providing HIV/AIDS legal/community resource directory; 4) increasing HIV/AIDS awareness through messages of abstinence, being faithful and using a condom; 5) ysing tools such as a SWOT (Strengths, Weaknesses, Opportunities, Threats in mitigating risk posed by unforeseen events.

By providing education on key strategies for preventing HIV infection and promoting healthy behavior change among workforce populations, including appropriate use of condoms, and by distributing condoms to a large population of workers the SABCOHA workplace program will directly contribute to PEPFAR's goal of preventing seven million new infections. Through education on prevention messages and the distribution of male and female condoms, this program will also support the prevention goals outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	54	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,800	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Northern Cape
North-West
Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8682.08
Mechanism: N/A
Prime Partner: Education Labour Relations Council
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: 19446.08
Planned Funds: $550,000
Activity System ID: 19446

Activity Narrative: SUMMARY:

This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa. It includes activities in CT, Policy Analysis and Systems Strengthening, and Abstinence and Be Faithful. With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007and FY 2008 PEPFAR funding ELRC will implement a country-wide project in all 9 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Distribution of male and female condoms

ELRC will work with its four sub partners to ensure that 150 physical sites in the education sector are established to distribute male and female condoms. This will ensure that male and female teachers can assess condoms in their workplace. In addition to condom distribution points, IEC materials will be distributed focusing on correct and consistent condom usage and condoms as a HIV prevention strategy.

ACTIVITY 2: Development of Workplace Prevention Education

PEPFAR funds will be used to support the development of a comprehensive education sector prevention program targeting teachers and education sector union members. Funds will also be used to support workplace prevention education programs targeting the health and education sector. With funding from PEPFAR, these workplace programs will conduct training sessions for employers, senior management, senior union leadership and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry. Peer educators for unions in the education sector will receive ongoing training on prevention, condoms as an HIV prevention strategy, PMTCT, stigma and discrimination (a key legislative issue), counseling and testing, palliative care, and access to treatment. The goal of the peer education is to increase workers' knowledge about HIV and AIDS prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections and reduce violence and coercion (key legislative issue).

ACTIVITY 3: Training of peer educators for teachers unions

Peer educators from 3 teachers' unions will be identified and trained peer educators. Training will focus on all aspects of HIV prevention. A structure will be set up to support the peer educators and ensure quality assurance for the one-on-one interactions and community mobilization activities that they will be expected to participate in.

ACTIVITY 4: Community Mobilization

The newly trained peer educators will reach teachers in their unions with prevention messages. The peer educators will distribute IEC materials, organize mobilization events, campaign messages and conduct one-on-one interactions with teachers and/or their families.

Note that for targets, the numbers of people reached with prevention messages are counted under AB rather than OP.

This activity will directly contribute to PEPFAR's goal of preventing 7 million new infections. These activities support the USG Five-Year Strategy for South Africa by expanding and improving quality AB prevention programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	185	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Mobile populations

Other

Pregnant women

People Living with HIV / AIDS

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	8681.08	**Mechanism:**	N/A
Prime Partner:	South African Democratic Teachers Union	**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:	19447.08	**Planned Funds:**	$450,000
Activity System ID:	19447		

Activity Narrative: SUMMARY:

The South African Democratic Teachers Union (SADTU) project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and, their workplace community. This includes both a comprehensive ABC prevention program through peer education but also improve condom distribution at SADTU regional and branch offices.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conducive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by creating an caring workplace environment for both learners and educators alike and focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. The target group for these activities is teachers.

ACTIVITIES and EXPECTED RESULTS:

Activity 1: Condom distribution

The SADTU workplace project will distribute male and female condoms to at least 500 regional and branch offices. In addition as functioning as condom distribution points, each of the sites will provide educational materials on HIV prevention including correct and consistent condom usage. The sites are easily accessible and are frequently visited by teachers. IEC materials on correct and consistent condom usage will be available in all relevant languages. SADTU will work with relevant government departments to obtain free condoms.

Activity 2: Community Involvement

SADTU will work with trained peer educators to increase community involvement, and increase male involvement and awareness around HIV prevention, PMTCT, the role of male norms and behaviours in HIV transmission. In addition, through community involvement activities, such as sports and culture events, municipal imbizos, Department of Education campaigns, youth conferences, road shows in schools and community etc. SADTU will ensure the distribution of IEC materials to educators and communities.

The targets for the number of people reached through the comprehensive peer education program are counted under AB.

This project contributes to PEPFAR 2-7-10 goals and objectives by ensuring access to male and female condoms hence preventing new HIV infections.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	555	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	451	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Mpumalanga
North-West

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 224.08
Mechanism: CTR
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: 21081.08
Planned Funds: $48,500
Activity System ID: 21081

Activity Narrative: SUMMARY:

Family Health International (FHI) will provide technical assistance (TA) to three universities' peer education programs to continue integration of abstinence and be faithful messages (AB), condom and life skills into the ongoing activities of the peer education programs on campus. Using the curriculum developed in FY 2005, the AB and life skills training will be expanded to include other prevention strategies, including condom use. A cadre of peer educators (PEs) on each of the campuses participating in this project will be trained. The PEs will then pass these skills on to other students on campus primarily through interaction in ongoing, small behavior change groups. Emphasis areas include addressing male norms and behaviors, reducing violence and coercion, training, local organization capacity building, and wraparound programs in family planning and education. Main target populations addressed are men and women of reproductive age and people living with HIV and AIDS.

BACKGROUND:

Currently, most efforts addressing sexuality and reproductive health needs for young people are focused on out-of-school youth and those in secondary schools in South Africa. Youth at institutions of higher learning represent a special group at risk as they are often left unsupervised by both parents and teachers, who are under the assumption that they are mature enough to protect their sexual and reproductive health. Available evidence suggests that these young men and women have high STI and unintended pregnancy rates, an indication that they are not yet equipped with the knowledge and skills required to protect themselves from these adverse outcomes. In FY 2005, in consultation with the South African Universities Vice Chancellors' Association (SAUVCA) and the Department of Education, FHI implemented a project that took place on three university campuses in South Africa: University of the Western Cape, University of the Free State, Qwa-Qwa campus and University of Limpopo, Medunsa campus. Each campus contributed to the development of the AB/life skills curriculum which was subsequently implemented among 26 PEs from each of the three campuses. After the training, PEs recruited six students each to take part in ongoing behavior change communication (BCC) groups on their campus, reaching in total 468 students. Life skills programs aim to enhance the students' ability to make responsible sexual health decisions and adopt behaviors that will keep them free of STI and HIV infection, as well as avoid unintended pregnancies. The curriculum included sessions on AB, secondary abstinence, values clarification, self-esteem, communication, decision making and negotiation, and utilized participatory learning techniques. Another key component of the AB/life skills training was a session on gender equity. In FY 2008, the training will be expanded to include other prevention messages beyond AB, including messages on condom use and safe sex. The curriculum complemented the universities' existing peer education curricula, which provides basic information about prevention of HIV and AIDS. The BCC groups provided a safe place to explore strategies for adopting and strengthening the ABC life skills in their personal lives. Students were able to support each others' behavior change process, including seeking counseling and testing (CT). Through one-on-one and group interaction, the PEs took advantage of a variety of regularly scheduled campus events-such as orientation week, condom week, and STI awareness week-to reach additional students with basic information on STIs, HIV and unintended pregnancies and how to protect oneself and maintain a healthy lifestyle. The program also promoted referrals between the PEs and student health or community health services for CT as well as family planning (FP). Major accomplishments to date include development of the AB life skills curricula and successful training of the PEs. The program has gone beyond the university campuses and PE groups to be conducted in high schools in communities near the campuses. A radio series was produced and launched on campus and community stations throughout South Africa, reaching approximately 6,000,000 listeners. The show addressed issues related to risk-reduction behaviors for STIs, HIV and unintended pregnancies that are relevant for university students. The curriculum was also used by University of Nairobi for a similar intervention.

Although there was no FY 2006 funding, the universities were committed to continue the BCC groups and supervision activities. While the activities are expected to continue with the respective university funding, additional resources are needed to strengthen the longer-term institutionalization of the life skills program.

ACTIVITIES AND EXPECTED RESULTS:

In collaboration with the Department of Education, in FY 2008 FHI will continue to work with the three universities: University of the Western Cape, University of the Free State, Qwa-Qwa campus and University of Limpopo, Medunsa campus, and explore opportunities to expand activities to Technikons. FHI will work in collaboration with John Hopkins University (JHU) and the Department of Education at the University of Western Cape and the University of Free State, Qwaqwa campus to ensure that all PE programs are harmonized and do not overlap. To align the goals of the program with the government goals, FHI will work closely with the Department of Education to further refine the program and improve outreach. Further integrating ABC life skills into their peer outreach program work plans, each university will recruit new PEs for the life skills project, who will then recruit other students to participate in small, ongoing BCC groups. TA will also be provided to strengthen supervision skills to ensure the quality of the peer interactions, modeling problem solving skills, and shaping perceived peer/social norms on sexual behaviors.

Specific FY 2008 activities include: 1) Continue to incorporate ABC life skills program into existing peer education work plans in a cost-effective manner; 2) Conduct ABC life skills training for all PEs participating in the program; 3) Provide refresher trainings to strengthen basic peer education/facilitation skills; 4) Standardize job aids and tools for PEs to use in small groups; 5) Conduct supervision skills training for and provide TA to supervisors to help support PEs and the BCC group process; 6) Build and strengthen relationships between PEs and student health services, and formalize referral links to health services; and 7) Monitor ABC, life skills and BCC group processes.

The project contributes to the prevention of 7 million new infections as per PEPFAR 2-7-10 goals. The project will help decrease the number of new infections by achieving the expected results which will ultimately lead to a delay in sexual debut, a reduction in sex acts, fewer partners or a reduction in unprotected sex.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13722, 13723, 13724, 13725

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,700	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	111	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Gauteng

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 242.08

Mechanism: ACCESS

Prime Partner: JHPIEGO

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: 21095.08

Planned Funds: $485,000

Activity System ID: 21095

Activity Narrative: SUMMARY:

JHPIEGO, with approval from the South African National Department of Health (NDOH) will implement male circumcision (MC) activities by supporting a male circumcision technical advisor to the NDOH to help spearhead and coordinate MC within the NDOH, and to continue piloting modules of the WHO MC tool-kit.

BACKGROUND:

For nearly two decades, researchers have been interested in the preventive effect that male circumcision has on the risk of STIs, particularly chancroid and syphilis, as well as penile and cervical cancers. Increasing attention and research has been devoted to the potential preventive effect MC has on HIV transmission. From the interim results of three clinical trials that were conducted in South Africa, Kenya and Uganda, it has been concluded that MC reduces HIV transmission from women to men, by 60% on average. All three trials were interrupted before planned completion for ethical reasons once it was established that a clear protective effect existed between circumcision and contracting HIV, so that the men in the control groups could access this potentially life-saving intervention. Male circumcision is now accepted by the global normative bodies as one aspect of an effective HIV prevention strategy. Modeling studies estimate that making MC universal in Africa would prevent 5.7 million new infections and 3 million deaths over the next 20 years.

JHPIEGO has been supporting MC/Male Reproductive Health services in Zambia since 2003. The work in Zambia informed the WHO/UNAIDS programs and the WHO toolkit. JHPIEGO is a co-author with WHO and UNAIDS of the Training Manual for Male Circumcision under Local Anesthesia. In Mozambique, JHPIEGO, through the FORTE Saúde Consortium led by Chemonics and funded by USAID, has been recently asked to be the technical leader in the implementation of initial MC activities in Mozambique

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

It is expected that during FY 2007, JHPIEGO and the South African Government will reach agreement on the placement of a male circumcision technical advisor within the NDOH. FY 2008 funds will be used to continue JHPIEGOâ€™s technical assistance work with the NDOH. It is expected that the advisor will assist the NDOH with coordinating MC activities among the various relevant portfolios within the NDOH and will assist in the development of policies and guidelines that can be rolled out nationally. The technical advisor will work closely with the NDOH TBD activities supported by CDC on the development of linkages between traditional healers/surgeons and safe clinical male circumcision.

ACTIVITY 2:

It is expected in FY 2007 that JHPIEGO will be engaged in field testing various modules of the WHO MC toolkit and implementing capacity building activities that take into account political and cultural sensitivities of MC. The testing of these modules is based on ongoing consultation with the NDOH and UNAIDS. FY 2008 funds will be used to continue these activities in coordination with the NDOH and other relevant stakeholders

ACTIVITY 3:

Development of a standard MC training curriculum. Only with the express consent of the NDOH will training and service delivery of MC activities be undertaken. In preparation, and in consultation with the NDOH, a training course will be designed for clinical service providers (physicians, nurses, nurse-midwives) and aimed at producing individuals qualified to provide male circumcision and reproductive health counseling services. The course will consist of classroom and practical sessions focusing on Male Circumcision and reproductive health. Qualification will be based on participantsâ€™ achievement in two areas: Knowledge - score of at least 80% in the end of course knowledge assessment and Skills - satisfactory performance of recommended procedures during simulated clinical practice and with clients. The course is designed for five days but could be extended to 10 days in low-volume circumcision clinics so that the participants can acquire adequate guided clinical practice. Topics will include anatomy and physiology, male reproductive health needs, health education, counseling, male circumcision methods, management of adverse events resulting from MC, infection prevention and organizing and managing a male reproductive health clinic. The training will be provided by qualified MC clinical trainers.

These activities will contribute to the 2-7-10 goals of PEPFAR by creating policies and guidelines that will lead to increased prevention within South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21086, 13780, 13781, 21089

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21086	21086.08	6605	242.08	ACCESS	JHPIEGO	$491,750
13780	7887.08	6605	242.08	ACCESS	JHPIEGO	$720,000
13781	2939.08	6605	242.08	ACCESS	JHPIEGO	$4,293,000
21089	21089.08	6605	242.08	ACCESS	JHPIEGO	$242,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9227.08

Mechanism: N/A

Prime Partner: AgriAIDS

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: 21167.08

Planned Funds: $100,000

Activity System ID: 21167

Activity Narrative: The purpose of AgriAids is to address the practical & manageable aspects of HIV/AIDS on farm level, both emerging farmers as well as commercial farmers: improving access to VCT, care – and treatment for farm workers through innovative new partnerships and existing health care facilities. AgriAids has built up an expanding network within the agricultural sector over the last 3 years, building up a "skills bank" and knowledge base on issues such as awareness, stigma, treatment, advocacy, etc. The rationale of AgriAids is to address the micro-level impact of HIV/AIDS on farm workers, which in turn will prevent the macro-level impacts from taking effect. AgriAids acts as the "spider in the web" which connects farms in need of services with supplying organisations. In this sense AgriAids will act as a "broker" between farms and service providers, using its existing network but also through identifying and setting up new partnerships.

In 2004, AgriAids came into life in order to address this regional problem: reducing the direct effects of HIV/AIDS on farm workers. This requires intervention on two levels (as explained in this proposal):
- Direct: facilitating rapid access to information, VCT, medical care – and ART for farm workers
- Indirect: lobbying the commercial agricultural sector to start viewing HIV/AIDS as an "occupational health threat" and encourage CSR spending on care – an treatment programmes on farm level

A great deal of interaction is also called for with Government (notably Dept of Health & Agriculture), since the plight of the farm worker is not high enough on the policy agenda.

The key strategy of AgriAids is to identify relevant medical service providers which can be linked to farms in need. AgriAids will act as a "broker" between farms and service providers, using its existing network but also through identifying and setting up new partnerships. This will result in an increase of farm workers accessing VCT, care – and treatment. This approach has proven its viability recently: AgriAids partnered with FPD since 2007 and several farm workers in the Brits area (North West) is now enrolled in the project and the demand is already growing from other farms. FPD will be a key partner, since they support a large number of public ART sites. AgriAids will therefore support the SA Government's National Strategic HIV/AIDS plan, since it will create a demand for ART services in rural areas, but also facilitate access on behalf of those who have traditionally been "sidestepped" by the healthcare system.

Some key outcomes of this project will be:
? Increase in farm workers accessing IEC campaigns on HIV/AIDS
? Increase in farm owners implementing HIV/Aids workplace policies, prevention and management plans on farms
? Increase in health-seeking behaviour of farm workers
? Increase in NGO's making farm workers target groups
? Increase intervention from Dept of Health & Agriculture to mitigate the impact of the disease
? Increase in condom distribution and usage on farms
? Increase in female condom distribution and usage on farms
? Decrease in multiple concurrent sexual partners on farms
? Decrease in new infections
? Increase in number of farm workers/managers/owners doing VCT, starting ART and receiving care & support
? Increase in organisations (public, private, NGO's, commercial, etc) adopting a common strategy, with specific focus on Dept of Agriculture
? Creation of a replicable model for decentralized rural healthcare in a workplace setting

These indicators point towards the fact that the project activities will look at HIV/AIDS holistically, and that activities will include workplace interventions, gender training, AIDS awareness, VCT, care – and ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21168, 21169

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21168	21168.08	9227	9227.08		AgriAIDS	$200,000
21169	21169.08	9227	9227.08		AgriAIDS	$159,684

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	80	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9229.08
Mechanism: N/A
Prime Partner: Project Concern 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: 21173.08
Planned Funds: $2,400,000
Activity System ID: 21173

Activity Narrative: CI: Project Concern International (PCI), along with two implementing partners in South Africa, proposes a program with the goal to reduce HIV transmission by changing social norms related to sexual and other gender-based violence against women. The objective of the program is to reduce the prevalence of sexual and other gender-based violence in both urban and rural areas. This will be achieved through a large scale social mobilization program that will: 1) mobilize public and private sector partners to combat gender-based violence; 2) create an enabling environment for changing social norms related to gender-based violence; and 3) develop and support the implementation of multi-sectoral activities which will achieve and maintain significant reductions in gender-based violence.

Activities leading to these results include: a) assuring that key sector partners in government, civil society, media, the private sector and education understand the impact of and are committed to ending all forms of gender-based violence; b) developing and implementing a communications strategy that will unite individual organizations' efforts into one unified, branded campaign reaching all sectors of society; and c) empowering sector partners with resources and training to implement a range of local activities to end gender-based violence. The Western Cape and KwaZulu Natal Networks on Violence Against Women (WCN and KZN), with over 700 member organizations, will provide the technical know-how, experience, commitment and leadership to end violence against women

HQ Technical Area:
New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21648

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21648	21648.08	9229	9229.08		Project Concern International	$2,164,000

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9232.08

Mechanism: N/A

Prime Partner: International Organization for Migration

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: 21174.08

Planned Funds: $800,000

Activity System ID: 21174

Activity Narrative: UMMARY:

The overall objective of the Ripfumelo project is to reduce HIV vulnerability of farm workers in various districts of South Africa by implementing a coordinated, evidenced-based and focused HIV and AIDS prevention and care program. Building on experiences and lessons learnt from IOM pilot projects in the southern Africa, the Ripfumelo project aims to provide sustainable prevention and care services to farm workers by building the technical capacity of local implementing partners (IPs); strengthening partnerships among and with local, provincial, and national governmental agencies; promoting public/private partnerships; and developing a network of stakeholders working specifically on HIV-related issues within the commercial agriculture sector.

The overall anticipated results of the project are a reduction in the HIV incidence in the targeted areas, and a mitigation of the impact of AIDS on farm workers and their families and communities. The project will build particularly on experiences and lessons learned from the ongoing IOM prevention and care project which has been implemented in Hoedspruit, Mopani District, Limpopo Province since 2005. The Ripfumelo project will strengthen the existing intervention in Hoedspruit and target additional seasonal, temporary, and permanent farm workers, whether South African or foreign, documented or undocumented, in the commercial agricultural areas of Hectorspruit/Malelane (Lowveld, Mpumalanga), Makhado/Musina (Vhembe, Limpopo), and Tzaneen (Mopani, Limpopo). The project will initially target approximately 20,000 farm workers on about 120 commercial farms.
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HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21175, 21176

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21175	21175.08	9232	9232.08		International Organization for Migration	$450,000
21176	21176.08	9232	9232.08		International Organization for Migration	$450,000

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4624.08
Mechanism: N/A
Prime Partner: Medical Care Development 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: 21163.08
Planned Funds: $250,000
Activity System ID: 21163

Activity Narrative: Organization Name: Medical Care Development International (MCDI)

Duration of Projects in years: 3 years

Prevention AB & OP:Objective 1: To prevent HIV/AIDS and other STIs and pregnancy among in and out-of-school youth through tested peer education behavior change communication (BCC) activities and using creative drama and film methods

MCDI undertakes to expand on and enhance its already successful activities in this area. IDCYSP activities are in line with the PEPFAR objective of preventing HIV transmission through the promotion of safe and healthy sexual behavior among HIV infected and uninfected individuals. Proposed activities are also consistent with the South African Government's AIDS Programme mission of preventing the spread of HIV. These proposed activities recognize the important role that community education, outreach and advocacy can play in educating youth and preventing HIV/AIDS. Specifically, the youth activities will address increased risk to youth and the disproportionately high risk among girls and young women. The Mobile Education Unit will reach underserved rural communities. The education of community influencers in a behavior change and communication approach will emphasize the particular vulnerabilities all of these vulnerable groups, while creating a more supportive environment for PLWHA and youth.

OVC: Objective 2: To provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children by expanding the model crèche to other areas, including access to essential health, social, psychosocial and legal services for OVC and their households.

IDCYSP will encourage enrollment of OVC, specifically targeting those children in child- or sibling-headed households, to crèches who are often excluded because of tuition fees through MCDI's previously successful approach of fee waivers for orphans. In the Mavela crèche, enrollment increased from 40 to 100 through using this approach. OVC will be identified through MCDI PMTCT activities. They will also be identified by home-based caregivers (HBCs), who are local community residents that have completed secondary school and an MCDI 21-day training course to deliver palliative care. MCDI is currently transitioning the supervision of HBCs to CBOs who have funding to support their income. IDCYSP will provide legal support to OVC and their caretakers, which will have a significant impact on their current and future economic well-being. Protecting and promoting the inheritance rights of OVC and fighting against disinheritance is crucial to comprehensive care and support of these children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	41	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	330	False

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9634.08
Mechanism: N/A
Prime Partner: American Center for International Labor Solidarity
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: 22323.08
Planned Funds: $600,000
Activity System ID: 22323

Activity Narrative: The Solidarity Center, in cooperation with a consortium of partners, proposes to implement a five-year HIV prevention initiative in South Africa called “Be Faithful, Be Tested, Be Union.” The Solidarity Center’s project partners are Engender Health and four of South Africa’s largest and most influential unions. These unions are the National Union of Metalworkers of South Africa (NUMSA), the Police and Prisons Civil Rights Union (POPCRU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), and the Congress of South African Trade Unions–Western Cape (COSATU-Western Cape). Over five years, activities will be implemented in five provinces—Gauteng, Limpopo, and KwaZulu-Natal, Western Cape and Eastern Cape.
This project focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities. The project will assist four large and influential South African unions, and the workplaces and communities in which their members labor and live, to achieve wide-reaching HIV prevention outcomes.
The project will address four critical HIV-related areas: counseling and testing, gender norm transformation, workplace policy development and implementation, and increased institutional HIV-related capacity through targeted technical assistance.
The main objective of this activity is to prevent HIV transmission using OP methods through safe and healthy sexual behavior in HIV-infected and uninfected individuals, with emphasis on gender norm changes.

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

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	9625.08	**Mechanism:**	N/A
Prime Partner:	University of the Western Cape	**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:	22497.08	**Planned Funds:**	$180,000
Activity System ID:	22497		

Activity Narrative: Summary
The University of Western Cape is implementing multiple activities aimed at improving human capacity development to address HIV and AIDS in South Africa.

BACKGROUND
The 2004 report of the Joint Learning Initiative on health human resources states that "after a century of most spectacular health advances in human history, Human survival gains are being lost because of feeble national health systems. The HIV and AIDS emergency has undoubtedly contributed to this problem, particularly in South Africa. The pressure on health care workers is immense and with the crisis of attrition and out-migration of personnel, systems in South Africa are challenged as never before. This has been placed in stark relief by the urgent need to respond to HIV and AIDS epidemic, and especially the current imperative to deliver antiretroviral therapy (ART) to large numbers of sick people who are often living in areas where health systems have been poorly developed. This project focuses on strengthening and expanding the development and implementation of comprehensive HIV and AIDS prevention in South Africa in order to mitigate the impact of the HIV and AIDS epidemic. The emphasis area for these activities is human capacity development, training, including pre-service and in-service training. The primary target groups for these activities includes youth participating in sports, coaches, sports programs, traditional healers and health care workers.

ACTIVITIES AND EXPECTED RESULTS:
There are 2 separate activities in the other prevention program area. The first activity focuses on the HIV and AIDS prevention through sports participation, and the second activity focuses building capacity of health care providers and traditional health practitioners on collaboration for HIV and AIDS prevention.

Activity 1: AIDS prevention through sports participation
Research indicates that sports participation by youth has multiple health benefits. In particular, sports participation has been associated with lowered multiple risk behaviors and substance abuse. Youth participate in sports activities through the formal schooling organizations and sports associations. Research has also indicated that the central role of influence that sports coaches, managers, organizers and mentors have in the lives of young people engaged in sports. In addition sports are an extremely powerful way for reaching otherwise marginalized and at risk youth, through engaging them in organizational sports association and activities. As such, sports are natural points for inclusion of HIV information as a vital add onto sports programming. This project proposes to develop a workshop manual on Preventing AIDS through Sports Participation that will use sports metaphors and sports messages interwoven with established scientific knowledge of HIV and AIDS prevention to constitute unique messages that can be integrated into sports programs. Sports coaches, mentors, administrators and organizers within designated regions in the Western Cape Province will be trained to use the curriculum with youth. The curriculum will equip them to incorporate HIV and AIDS messages into their coaching practices and sports programming. The manual will effectively be a toolkit that will equip sports teachers, coaches and programs to reach young people in a language that appeals to the latter and is consistent with a passionate engagement in sports. Sports coaches and administrators will be identified from the West Coast/Wineland region of the Western Cape Province. The manual will be piloted with a group of sports coaches in this district. Thereafter it will be delivered more widely through workshops for coaches, trainers, managers and programs wider than the West Coast Region.

Activity 2: Training health care providers and traditional health care practitioners:
Traditional healers form the major informal sector of health care providers in South Africa. They have been formally recognized as part of the primary health care system through the promulgation of the Traditional Health Practitioners Bill and the establishment of the Interim Traditional Health Practitioners Council and the Directoate of Traditional Medicine within the National Department of Health (NDOH). Yet in formal health care planning, traditional health practitioners are generally overlooked. Currently the issue of training in HIV and AIDS is approached sectorally with the formal and traditional health care setting having little interaction with each other. Efforts at collaboration between formal health care providers and traditional healers in relation to cultural meanings and practices related to HIV and AIDS usually view the local healing system as cultural and the biomedical system as somehow culturally neutral. Furthermore, with the exception of the African Health Care Systems Research Network and the Nelson Mandela School of Medicine at the University of Kwa Zulu Natal, collaboration is done on a small scale, and falls outside of the national policy structure. This activity will draw on already existing collaborations with the South African Herbal Sciences and Medicines Institute (TICIPS) concerning the anthropology of pharmaceuticals and medicinal plants and focus in the Western Cape. It will organize workshops and develop training which will combine understanding of traditional healers and health care workers concerning HIV and AIDS prevention and highlight the sometimes oppositional cultural perspectives of biomedicine and indigenous healing. The workshop and training will focus on enhancing closer collaboration, improving health education, counseling and care. This will enhance the ability of health care workers at national, provincial and district levels to communicate with and utilize traditional healers and herbalists, who thus will have biomedical and indigenous knowledge of HIV and AIDS to assist with health education and counseling concerning HIV and AIDS prevention, and care and support ARV use.

These activities contribute to the PEPFAR 2-7-10 objectives by working with sports coaches and programs ensure integration of HIV prevention messages wit sports activities and reduce new infections. Furthermore, by ensuring collaboration between the traditional and biomedical health sectors, communities will receive the same HIV prevention messages from both sectors. This will ensure that greater numbers of individuals are reached with HIV prevention messages.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Coverage Areas

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8709.08 **Mechanism:** N/A

Prime Partner: Montefiore Hospital **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: 22498.08 **Planned Funds:** $388,000

Activity System ID: 22498

Activity Narrative: The Montefiore Medical Center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics and STI clinics to more routinely provide CT using the ACTS model. ACTS (Assess, Consent, Test and Support) is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT). In addition, will implementing a youth-based PICT, Montefiore Medical Center will work with rural districts to target non-government organizations (NGOs) working with youth to provide HIV prevention activities.

BACKGROUND:

Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV and AIDS in South Africa. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services but are not offered HIV counseling and testing (CT) or provided with HIV prevention information. By reducing pre-test counseling sessions to five minutes or less, ACTS allows nurses to incorporate CT into the other clinical services they provide, such as sexually transmitted infection (STI) care and family planning and promotes immediate follow-up and linkage to care. In addition, youth can then be linked with NGO proving HIV prevention services to ensure behavior change. The target population for this activity is youth between the ages of 10-25 in hard to reach parts of the country. The major emphasis area for these activities includes building local capacity and creating linkages, networks and referrals between youth-based prevention services
and the ACTS CT model.

ACTIVITES AND EXPECTED RESULTS:
Using ACTS, this program will focus initially on maximizing the linkages between youth based NGOs working in the area of HIV and AIDS prevention and CT services in high-prevalence youth clinics, starting with STI clients and expanding to family planning clients. The linkage with the NGOs will ensure that ACTS services can be implemented in conjunction with HIV prevention activities that targeted messaging and with other NGO activities. ACTS will link with youth-based NGOs in and around the clinics where services are being implemented. This will ensure that youth get both CT services and HIV prevention messages. Similarly to its approach with working with health facilities, the ACTS team will engage each new NGO, develop an implementation and monitoring plan and train all relevant providers HIV and AIDS prevention, in the importance of CT, collection PEPFAR indicators, provide quality assurance monitoring and initial HIV care. During the five year cooperative agreement, this model will be continuously refined and successively implemented in high prevalence communities and sites throughout South Africa starting in the Western Cape and Mpumalanga. The youth-based NGO project will expand services to Waterberg district in Limpopo province and the North West Province.

In FY2008, the team will continue to refine the ACTS services in two youth clinics in Khayelitsha . A monitoring and evaluation plan will be developed that includes PEPFAR indicators. A quality assurance plan will evaluate linkage to prevention among HIV negative youth as well as ensure that newly diagnosed HI-infected youth also receive information on positive prevention. A Project Director will be hired and trained and locations in Mpumalanga or other Province will be chosen as well as additional clinical and community sites in the Western Cape. The goal is for this partner to test 20,000 youth for HIV and link them to prevention.

These activities will contribute towards meeting PEPFAR's 2-7-10 goals by targeting youth between the ages of 15-25 and ensuring that they receive HIV prevention messages. In linking prevention services with CT services, this activity will ensure that youth understand how to stay negative after undergoing a HIV test.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9691.08

Mechanism: N/A

Prime Partner: Lifeline Mafikeng

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: 22500.08 **Planned Funds:** $250,000

Activity System ID: 22500

Activity Narrative: Summary of Proposed Activities:

LifeLine North West Mafikeng Centre seeks to implement a mobile HIV counseling & testing unit, in the Central and Bophirima districts of the North West Province, building on the experience of our Rustenburg affiliate that operates in the Bojanala District of the North West Province. LifeLine Rustenburg is currently funded by PEPFAR (2007) to implement the mobile VCT service in the Bojanala District.

The project addresses U.S.Government's HIV/AIDS objectives in South Africa by:

1) Improving access to and providing HIV counseling & testing services, 2) Implementing HIV prevention activities by promoting the ABCs of prevention, abstinence, being faithful, sexual behavioral change within the context of cultural norms, and correct and consistent male or female condom use, and 3) Improving the quality of life of those infected and affected by HIV & AIDS..

Geographic Reach: Central & Bophirima Districts

The administration and management of the project is based at the LifeLine centre in Mafikeng while the mobile units will service ten identified sites in the Central and Bophirima Districts, five in each Districts.Bophirima is rural while Central is a mixture of urban and rural communities, 20% of the provincial population (3.8M) reside in Central while 18% live in Bophirima however, Bophirima is the largest district and the population is very dispersed.

Target Populations

The identified sites will be locations which are not adequately served by clinics and in which high barriers to individuals' learning their HIV status remain. The sites identified are villages and farming communities that are far from clinics and/or are generally serviced by mobile clinics intermittently. Population will everyone, however more specifically farm workers, youth and the overall rural population.

Proposed Contribution to the HIV and AIDS and STI Strategic Plan for South Africa (2007 -2011) and Operational Plan for Comprehensive HIV and AIDS Care, Treatment and Management for South Africa

The project contributes the strategic and operational plans through promotion of ; HIV Counseling and Testing; care and support for HIV infected individuals and their families.

The project activities fall into three categories that are strongly interconnected in their implementation and objectives. Firstly, a wide array of HIV prevention & marketing activities are designed to increase the uptake of services, disseminate factual, comprehensive information on HIV&AIDS, and encourage behavior that prevents HIV transmission. Secondly, the work of the mobile unit includes conducting HIV testing & counseling at designated identified sites in the two districts, five per district. Lastly, LifeLine activities involve intensive human & organizational capacity development, both within LifeLine and through activities with six CBOs/FBOs with an additional two to be added in the second year.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	N/A	True
Indirect number of targeted condom service outlets	N/A	True
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8	False

Coverage Areas

North-West

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: $50,045,025

Estimated PEPFAR contribution in dollars	$1,310,000
Estimated local PPP contribution in dollars	$1,291,995
Estimated PEPFAR dollars spent on food	$442,919
Estimation of other dollars leveraged in FY 2008 for food	$4,369,848

Program Area Context:

It is estimated that South Africa has 5.5 million people living with HIV (PLHIV) who currently need varying levels of quality palliative care. Working in all nine provinces, the USG will support the South African Government (SAG) to increase the number of

PLHIV and their family members receiving quality care services in communities through NGOs, CBOs, FBOs, and at public and private health facilities.

In FY 2008, PEPFAR will continue to focus on improved direct service delivery of quality palliative care. At the end of September FY 2009, USG support will result in the delivery of quality HIV and AIDS care services for 1,235,086 PLHIV and their families at 2,662 service outlets which include hospitals, clinics, workplaces, hospices and home-based programs in communities. In addition, an estimated 547,344 HIV-infected persons will be reached with indirect support for a total of 1,782,430 targeted to be reached with palliative care through PEPFAR support (These figures include TB treatment as a subset). Other contributing donors include AusAid, CIDA, Ireland DCI, DFID, EU, Global Fund, The Elton John Foundation and several public-private partnerships.

The USG supports a holistic, family-centered approach to HIV and AIDS care which begins from the onset of HIV diagnosis, throughout the course of chronic illness, and end-of-life care. In order to ensure that all HIV-infected clients have access to basic care services and to minimize loss to follow-up (currently at about 70%), PEPFAR partners will provide a basic package of services for all HIV-infected individuals. This package will include: acceptance of status, disclosure, partner counseling and testing, prevention with positives (PwP), psychosocial support, nutrition counseling, pain assessment and referral, treatment literacy and adherence counseling, and outreach services to trace clients who have defaulted from the program. Emphasis will be placed on ensuring that HIV-infected individuals receive cotrimoxazole for those who are eligible as per national guidelines. This package of services will be offered at community level through support groups. These support groups (primarily run by PLHIV) will serve as a link between the health facilities and the community to ensure a continuum of care. Counseling and testing sites will refer all clients testing positive for HIV to the support group in their area. Human capacity in the health care system is under strain, and coordination between public and private sectors, and facility and community-based care remains fragmented. FY 2008 investments will result in an improved continuum of clinical, psychological, spiritual and social care and prevention services for PLHIV. The National Department of Health (NDOH) leads and coordinates national efforts to advance palliative care. Partnering with the NDOH at all levels, the PEPFAR partners will continue to support to the integration of standardized quality palliative care services into primary healthcare and build HIV-related care services into CT, TB, ART, PMTCT, and prevention programs and reproductive health services, STI sites, workplaces and community and home-based care (CHBC) sites, including for OVC. This will build on previous investments in supportive care to improve access to preventive care and basic clinical care services for PLHIV at the community level. The average cost per beneficiary is $87.66.

In FY 2008, PEPFAR partners will direct greater attention to strengthening quality HIV and AIDS palliative care service delivery and implementing standards of care. PEPFAR will support this effort by: (1) strengthening the integration of the basic care package and family-centered services across all care and treatment programs for adults and children living with HIV; (2) increasing the number of trained formal and informal healthcare providers, building multidisciplinary teams to deliver quality care with pain and symptom control and improving human resource strategies; (3) building active referral systems between CHBC and facility services; (4) developing quality assurance mechanisms, including integration of supervision systems and standardization of services and training; and, (5) translating national policy, quality standards and guidelines into action, particularly national adoption of the basic care package. For example, previous USG support to the Hospice Palliative Care Association of South Africa and its 143 member hospices and affiliates resulted in the development of national palliative care standards, quality improvement and accreditation programs, hospice management programs; and the development of national training centers for palliative learning across South Africa. In collaboration with National and provincial Departments of Health, FY 2008 funds will scale up direct delivery of quality palliative care services.

For FY 2008 reporting, the USG will continue to use a minimum requirement for someone having received palliative care which reflects a minimum standard of HIV-related services, aligning the program more closely to the definition of palliative as holistic service delivery. An HIV-infected individual must have received at least one form of clinical care and one other type of non-clinical care. The clinical service requirement addresses the critical importance of early identification of HIV status and HIV-related clinical problems which may compromise an individual's immune status and physical wellbeing. For HIV-affected family members, the minimum requirement would be that the individual receive services in at least two of the five categories of clinical, psychological, social and spiritual care and prevention services. While quality is very difficult to measure through routine indicators, this reinforces the message that PEPFAR is not simply interested in counting the number of people reached, but trying to reach individuals with appropriate and quality care.

PEPFAR partners will assure that a minimum standard of HIV-related services be adapted and implemented at facility and community-based sites for HIV-infected adults and children. Many facility-based services are integrated into comprehensive ART programs, providing wellness care for HIV-infected people prior to their eligibility for ARV therapy. The minimum care standard for facilities includes the following elements of the preventive care package and other essential care interventions:

-prophylaxis and treatment for OI, given according to national guidelines: cotrimoxazole prophylaxis for stage III-IV disease or CD4<200 or for HIV-exposed/infected children, TB screening and management, isoniazid preventive therapy in select sites and candidiasis screening and management where the Diflucan partnership exists;
-counseling and testing of partners and family members;
-nutrition counseling, clinical measurement and monitoring, micronutrient support according to WHO guidelines, and wrap-around nutrition support;
-STI care;
-routine screening and management of pain and symptoms;
-child survival interventions for HIV-infected children (immunizations, growth monitoring and safe infant/young child nutrition);
-integrated PwP strategies that include messaging, condoms, support for disclosure of status, referral for family planning and PMTCT services and ART adherence education, leading to healthy living, reduction of risk behaviors and reduced rates of HIV transmission;
-provision of at least one element of psychological, social, or spiritual care, or prevention services (emphasizing the holistic approach); and
-referrals for other services.

Support for malaria prevention (which is seasonal and in few geographic parts of South Africa) is leveraged with other donors. In

addition, cotrimoxazole is purchased by the SAG and obtained through the national supply chain, and thus available at all facilities, including primary health care centers.

The minimum standard for services at CHBC levels includes messaging, mobilization and referral (with follow-up) for the above mentioned services plus routine screening of all PLHIV and their family members (including OVC) for OI, TB, symptoms and pain; prevention messaging and condom provision; personal hygiene strategies to reduce diarrheal disease, and distribution of ITNs where appropriate. Provision of at least one element of psychological, social, or spiritual care or prevention services is also required at community level, however, home and community settings often facilitate delivery of a more comprehensive response including the provision of bereavement care, household support, community support group meetings, etc. PEPFAR partners adhere to national standards developed for hospice care which are inclusive of the comprehensive care elements addressed above with emphasis on relief of pain and symptoms and the provision of culturally-appropriate end-of-life care. The package of services at facility and community levels also includes medication adherence support for ART, TB and OI. At all levels, attention will be given to increasing gender equity in accessing HIV and AIDS programs, increasing male involvement in community programs, reaching pediatric patients, addressing stigma and discrimination, and building partnerships with local NGOs, FBOs and CBOs.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2662
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1235086
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	28390

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	8683.08	**Mechanism:**	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS	**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:	22491.08	**Planned Funds:**	$200,000
Activity System ID:	22491		

Activity Narrative: SUMMARY:
This activity is a component of a comprehensive prevention education, care and treatment program for small to medium enterprises (SMEs) with 20-200 employees and other workplaces in South Africa.

BACKGROUND:
SABCOHA program PEPFAR funds will be used to identify HIV-infected individuals as noted in the Vendor Chain and BizAIDS programs below. The major area of emphasis is Workplace Programs. Minor areas of emphasis include Community Mobilization/Participation, and Information, Education and communication. Specific target populations include Male and Female adults, Truckers, and the Business Community. The care component of this SABCOHA initiative will initially be implemented in at least three provinces namely: Gauteng, Mpumalanga and KwaZulu Natal. The SABCOHA Vendor Chain and BizAIDS counseling and testing (CT) programs will identify HIV-infected individuals will be referred into pre- ARV treatment (ART) services.

The Vendor Chain and BizAIDS components of the existing SABCOHA program will begin a CT and CARE component that will identify HIV-positive individuals and ensure that they are enrolled in care services until eligible for treatment. Through its program, SABCOHA will work with the existing infrastructure, and ensure that newly identified HIV-positive individuals will take advantage of the holistic education, testing, and treatment program for the employed sector.

Once an HIV-positive individual has been identified, it is the aim of the Vendor chain program to ensure adequate transition to care. Most of the HIV-positive individuals will be referred to one of the 440 established South African Department of Health (DoH) comprehensive care management and treatment sites as well as any other sites identified throughout the country. It is critical however that adequate referral is undertaken. To enable the referral, a specific referral path to a treatment site, adequate and close to the testing site is identified before testing. Patients tested HIV-positive are referred with the DoH or any other identified site's accepted referral information. In additional the CD4 count performed at the time of testing is referred to the treatment site. By referring most patients to government sites this program will leverage the available funding, infrastructure, personnel, ART and laboratory testing from Government. SABCOHA estimates that it will provide Pre-HAART services to approximately 2,100 people in the first year.

ACTIVITIES AND EXPECTED RESULTS:
ACTITY 1: identification of HIV positive individuals who are not treatment eligible and ensuring that they receive the appropriate care
After undergoing VCT, The Vender Chain and Biz AIDS components of the existing SABCOHA program will refer HIV positive individuals to general practitioners within the established GP Network. The general practitioners will provide treatment for opportunistic infections, a minimum of 3 visits during the course of the year to monitor disease progression, laboratory services; prophylaxis or treatment for TB and Health Risk Management services to each patient. Health care providers will provide patients with pamphlets on signs and symptoms of disease progression. This will ensure patient awareness of disease progression.

SABCOHA's care activities will contribute to the PEPFAR 2-7-10 goals by identifying HIV-infected individuals for care, and ensuring they get the appropriate care until they are treatment eligible. This will contribute to the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to, and availability and quality of care services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,100	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9232.08

Mechanism: N/A

Prime Partner: International Organization for Migration

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: 21175.08

Planned Funds: $450,000

Activity System ID: 21175

Activity Narrative: BACKGROUND:

The overall objective of the Ripfumelo project is to reduce HIV vulnerability of farm workers in various districts of South Africa by implementing a coordinated, evidenced-based and focused HIV and AIDS prevention and care program. Building on experiences and lessons learnt from IOM pilot projects in the southern Africa, the Ripfumelo project aims to provide sustainable prevention and care services to farm workers by building the technical capacity of local implementing partners (IPs); strengthening partnerships among and with local, provincial, and national governmental agencies; promoting public/private partnerships; and developing a network of stakeholders working specifically on HIV-related issues within the commercial agriculture sector.

The overall anticipated results of the project are a reduction in the HIV incidence in the targeted areas, and a mitigation of the impact of AIDS on farm workers and their families and communities. The project will build particularly on experiences and lessons learned from the ongoing IOM prevention and care project which has been implemented in Hoedspruit, Mopani District, Limpopo Province since 2005. The Ripfumelo project will strengthen the existing intervention in Hoedspruit and target additional seasonal, temporary, and permanent farm workers, whether South African or foreign, documented or undocumented, in the commercial agricultural areas of Hectorspruit/Malelane (Lowveld, Mpumalanga), Makhado/Musina (Vhembe, Limpopo), and Tzaneen (Mopani, Limpopo). The project will initially target approximately 20,000 farm workers on about 120 commercial farms.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21174, 21176

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21174	21174.08	9232	9232.08		International Organization for Migration	$800,000
21176	21176.08	9232	9232.08		International Organization for Migration	$450,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9227.08 **Mechanism:** N/A

Prime Partner: AgriAIDS

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: 21168.08

Planned Funds: $200,000

Activity System ID: 21168

Activity Narrative: The purpose of AgriAids is to address the practical & manageable aspects of HIV/AIDS on farm level, both emerging farmers as well as commercial farmers: improving access to VCT, care – and treatment for farm workers through innovative new partnerships and existing health care facilities. AgriAids has built up an expanding network within the agricultural sector over the last 3 years, building up a “skills bank” and knowledge base on issues such as awareness, stigma, treatment, advocacy, etc. The rationale of AgriAids is to address the micro-level impact of HIV/AIDS on farm workers, which in turn will prevent the macro-level impacts from taking effect. AgriAids acts as the “spider in the web” which connects farms in need of services with supplying organisations. In this sense AgriAids will act as a “broker” between farms and service providers, using its existing network but also through identifying and setting up new partnerships.

In 2004, AgriAids came into life in order to address this regional problem: reducing the direct effects of HIV/AIDS on farm workers. This requires intervention on two levels (as explained in this proposal):
- Direct: facilitating rapid access to information, VCT, medical care – and ART for farm workers
- Indirect: lobbying the commercial agricultural sector to start viewing HIV/AIDS as an “occupational health threat” and encourage CSR spending on care – an treatment programmes on farm level

A great deal of interaction is also called for with Government (notably Dept of Health & Agriculture), since the plight of the farm worker is not high enough on the policy agenda.

The key strategy of AgriAids is to identify relevant medical service providers which can be linked to farms in need. AgriAids will act as a “broker” between farms and service providers, using its existing network but also through identifying and setting up new partnerships. This will result in an increase of farm workers accessing VCT, care – and treatment. This approach has proven its viability recently: AgriAids partnered with FPD since 2007 and several farm workers in the Brits area (North West) is now enrolled in the project and the demand is already growing from other farms. FPD will be a key partner, since they support a large number of public ART sites. AgriAids will therefore support the SA Government’s National Strategic HIV/AIDS plan, since it will create a demand for ART services in rural areas, but also facilitate access on behalf of those who have traditionally been “sidestepped” by the healthcare system.

Some key outcomes of this project will be:
? Increase in farm workers accessing IEC campaigns on HIV/AIDS
? Increase in farm owners implementing HIV/Aids workplace policies, prevention and management plans on farms
? Increase in health-seeking behaviour of farm workers
? Increase in NGO’s making farm workers target groups
? Increase intervention from Dept of Health & Agriculture to mitigate the impact of the disease
? Increase in condom distribution and usage on farms
? Increase in female condom distribution and usage on farms
? Decrease in multiple concurrent sexual partners on farms
? Decrease in new infections
? Increase in number of farm workers/managers/owners doing VCT, starting ART and receiving care & support
? Increase in organisations (public, private, NGO’s, commercial, etc) adopting a common strategy, with specific focus on Dept of Agriculture
? Creation of a replicable model for decentralized rural healthcare in a workplace setting

These indicators point towards the fact that the project activities will look at HIV/AIDS holistically, and that activities will include workplace interventions, gender training, AIDS awareness, VCT, care – and ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21167, 21169

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21167	21167.08	9227	9227.08		AgriAIDS	$100,000
21169	21169.08	9227	9227.08		AgriAIDS	$159,684

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	1,500	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 257.08
Mechanism: N/A
Prime Partner: Medical Research Council of South Africa
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: 16898.08
Planned Funds: $615,819
Activity System ID: 16898

Activity Narrative: SUMMARY:

The Medical Research Council (MRC) in partnership with University of the Western Cape (UWC) will strengthen basic care and support to people living with HIV (PLHIV) by developing training modules, and by improving monitoring and evaluation of the impact of nutritional support provided to PLHIV. The proposed project aims to train and build capacity throughout South Africa. This project will implement a mixture of short and distance learning courses, and related mentoring activities. The overall aim of this activity is to (a) strengthen nutrition programs in relation to HIV and AIDS and TB; (b) facilitate future development of community-based programs; and (c) enable evaluation of the effects of nutrition interventions through other programs. The target population includes national, provincial, district, sub-district, and facility level nutrition, maternal and child health, TB and HIV managers, and non-governmental organization's (NGO) managers who are involved in the management of TB and HIV programs at either the facility or community level.

BACKGROUND:

Significant resources are invested in providing nutrition supplements to many patients on antiretroviral treatment (ART). Hundreds of nutrition advisors and dieticians have been employed to provide nutrition counseling, and the Department of Social Development is implementing a large HIV and AIDS livelihoods program aimed at improving access to nutrition.

There has not been a formal evaluation of nutrition programs. However, reports from provincial government and other food and nutrition programs in the country strongly point to the lack of human resource capacity to implement, monitor, and evaluate these interventions optimally. This project aims to strengthen the capacity of provincial, district and sub-district nutrition and HIV managers to design, monitor, and evaluate facility and community-based food and nutrition interventions targeting people infected with HIV and TB.

ACTIVITES AND EXPECTED RESULTS:

Building such capacity is particularly challenging since a large number of people need to be reached but as these people (managers) are in positions of responsibility they cannot be removed from their posts for significant periods. The School of Public Health at the University of the Western Cape has conducted short courses on nutrition policies and programming, nutrition information management and nutrition science for more than 10 years, recently in collaboration with Tulane University's School of Public Health and Tropical Medicine. However, the impact of such short courses is limited by the lack of follow up to consolidate and implement such learning. Experience suggests that the combination of intensive face-to-face sessions along with distance learning materials that encourage the implementation of knowledge learned, followed by feedback and further learning can be an effective strategy. This project therefore aims to create learning modules including a mix of face-to-face and distance learning formats. These modules are described in detail below.
ACTIVITY 1: Nutritional Aspects of the Management of HIV and TB
This module will summarize the latest scientific evidence on the relationship between nutrition and TB/HIV; provide updates on latest nutritional guidelines for HIV; include challenges of implementing clinical guidelines; and provide information on aspects to consider when implementing nutrition interventions in primary healthcare settings.
ACTIVITY 2: Nutrition Programming and Planning
This will build upon a module created by the University of the Western Cape with input from Tulane University. The focus of this module is on community-based HIV and nutrition programs. This module will emphasize the design, development, and implementation of community-based health and nutrition programs, and their adaptation and application to addressing the HIV epidemic.

ACTIVITY 3: Nutrition Information Systems, Including Program Monitoring and Evaluation

This course will be based on existing modules used at Tulane University and University of the Western Cape; a recent short course on this topic, run by UWC and Tulane with UNICEF support, provides a basis for a distance module. Each of these modules will consist of five days of face-to-face teaching along with readings and exercises that focus on the implementation of what has been learned. Participants may take related distance learning courses that will count towards a masters degree in public nutrition, to be developed under this program.

ACTIVITY 4: Mentoring and Trouble-shooting

The capacity to follow up with people trained through this process, and others working in national and local offices, will be developed. Mentoring is already part of the UWC teaching procedures, with participants conferring with faculty during the period of their learning (mostly in a distance format). These efforts will be expanded to supporting nutritional interventions, which will require some strengthening of UWC/Tulane capacities themselves. Trouble-shooting problems, as they arise, may form an integral part of this process. The people who can provide this mentoring may be from UWC/Tulane, from other institutions (e.g. faculty of other universities who participated in the UWC/Tulane training – and who may be providing similar training themselves). Some resources will be needed for the mentors' time and travel expenses even though some mentoring can be done at a distance by email for example.

Through the strengthening of and integration of nutrition into basic HIV and AIDS and TB services, the MRC and its partners will help PEPFAR achieve its 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	4,500	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7568.08

Mechanism: NPI

Prime Partner: Genesis Trust

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16851.08

Planned Funds: $0

Activity System ID: 16851

Activity Narrative: SUMMARY:

Genesis Trust (GT) is a new South Africa PEPFAR partner under the New Partners Initiative. Palliative care is a major aspect of the GT program incorporating home-based care in 9 communities, in a 40-bed, 24-hour inpatient unit and HIV counseling and testing services. The project will emphasize increasing gender equity in the programs. This will be done through couple counseling and testing; adopting a family-centered approach to care and treatment services; health worker training to recognize signs of gender-based violence and providing appropriate counseling and referral services to the prevention program to address societal and community norms to reduce stigma. Another area of emphasis is human capacity development, which will be done through in-service training and a retention strategy. The primary target populations are individuals who are referred to the inpatient unit by local government hospitals (patients with HIV and AIDS and/or TB), their families, and community members in need of home-based care and /or counseling and testing.

BACKGROUND:

The Ugu AIDS Alliance (UAA) project's palliative care program consists of two components, an inpatient hospice/step-down care unit and a home-based care component. Palliative care services are offered to patients and family members in a holistic and family-centered approach. It optimizes the quality of life of adults living with HIV through the active anticipation, prevention, and treatment of pain, symptoms and suffering from the onset of HIV diagnosis through death. GT palliative care involves offering patients clinical/ physical, psychological, spiritual, social support care and integrated prevention services.

GT has had an agreement with KwaZulu-Natal Department of Health (DOH) and is paid by the DOH on a per patient-bed-day status (the fee covers a portion of the cost of care). Patients are admitted to Genesis Trust Care Centre GTCC only on referral from one of the local hospitals (Port Shepstone and Murchison Hospitals). Both hospitals strongly support and depend on the services of GTCC, which help to decongest their overcrowded wards. In-patients with HIV who require ongoing step-down or palliative care can be transferred to GTCC, opening hospital beds for patients with more acute conditions.

ACTIVITIES AND EXPECTED RESULTS:

Clinical care services offered include: screening and management of pain and symptoms, prevention and treatment of TB/HIV, and prevention and treatment of other opportunistic infections (OIs) including the provision of cotrimoxazole and nutritional assessment and counseling. Nutritional rehabilitation for malnourished PLHIV may be provided if patients fall within the parameters of OGAC guidance and the South African Government recommended interventions.

GT psychological care services include: interventions that address the non-physical suffering of individuals and family members, identification and treatment of HIV-related psychiatric illnesses such as depression and related anxieties, and bereavement services.

The spiritual care services include: offering culturally sensitive interventions that support individuals and families through life review, counseling on hopes, fear, meaning of life, guilt, forgiveness, life completion tasks and life planning for those who feel renewed life following improved quality of life after starting ART.

While in the Genesis Trust Care Centre patients and their families receive intensive counseling about HIV as well as their treatment. The families are encouraged and enabled to provide supportive care of the patients. Family members are also educated on the importance of HIV testing and referred to government testing sites. Appropriate patients are counseled on CD4 testing and ARV treatment. CD4 counts that are drawn at the GTCC are sent to the hospitals for testing. Patients are then counseled on their results and referred for follow up monitoring or initiation of ARV treatment.

Supportive care services offered include: assisting individuals and family members in linking to care services such as adherence to treatment, accessing government grants, linking to income generating programs.

Prevention with positives interventions for HIV-infected individuals are an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals.

The home-based palliative care component is done through locally-based community members who are trained as volunteers. These volunteers are recruited and employed by Positive Ray (PPR). The volunteers are trained to provide a professional, but compassionate service to those who are sick with AIDS with the goal of restoring dignity and providing a caring service. Training topics covered include capacity building on the services outlined above and specifically cover: palliative care overview; fire prevention; basic health & safety; oral hygiene; HIV infection; pain management; dying patient care and bereavement; basic nursing skills; administrative skills; computer skills; HIV medication; diet/nutrition; conflict management; self-development skills; and, physiotherapy workshops for professionally accredited physiotherapists. The duration of the training will vary according to training needs and will be offered throughout the course of the year as and when required. Several of the courses are accredited by the South African Government but some of them are offered by local doctors and other medical personnel from the government hospitals. Training quality assurance is done through questionnaires and quality of output of trained staff.

All HIV-infected individuals will receive palliative care with at least one clinical intervention and at least one non-clinical intervention. Family members of HIV-infected individuals will receive palliative care services two of the five categories of palliative care.

These activities contribute to the PEPFAR care goal for reaching 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food	$21,996
Estimation of other dollars leveraged in FY 2008 for food	$4,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,173	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	90	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	7311.08	**Mechanism:**	N/A
Prime Partner:	GRIP Intervention	**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:	16273.08	**Planned Funds:**	$300,000
Activity System ID:	16273		

Activity Narrative: SUMMARY:

Greater Mpumalanga Rape Intervention Program (GRIP) provides basic health and care services to sexually assaulted/domestic violence survivors and people living with HIV (PLHIV). GRIP is involved in palliative care by supporting care rooms in hospitals, courts, police stations, and providing community-based support. The emphasis areas are gender and human capacity development. Primary target populations are survivors of sexual assault including children and adults, and PLHIV and their families.

BACKGROUND:

GRIP was established in 2000 in response to the high levels of sexual assault and domestic violence and the concordant high levels HIV and AIDS infection transferred to survivors. GRIP was initiated by volunteers and seeks to empower women, men, and children by providing comprehensive basic health care services. GRIP's approach to providing care services was established in consultation with volunteers, survivors, PLHIV, and community, to offer the services that best meet the needs of the community.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Hospital Care Rooms

GRIP will support care rooms in hospitals to provide clinical and psychosocial support to survivors of sexual assault including children and adults. The medical care rooms are maintained by GRIP and open twenty-four (24) hours, 7 days a week. With support from the Department of Health, care rooms have a full time forensic professional nurse during the day alternating with the doctor on-call in the evening. Survivors undergo examination, are screened for STIs and OIs, receive treatment and cotrimoxazole as appropriate, and receive post-exposure prophylaxis and other necessary medication. In addition, survivors receive psychosocial support, counseling and testing, and are also referred to support groups to assist with recovery.

ACTIVITY 2: Police Care Rooms

GRIP will open care rooms in police stations where victims can report their cases and receive comprehensive care services including protection. GRIP has existing Victim-Friendly Facilities in some police stations which also operate 24 hours, 7 days a week. At these facilities, J88 Forms (police dockets) are completed to open cases against the perpetrator, and psychosocial support and practical assistance is offered. Each care room has an Area Manager who oversees the daily operations to ensure that necessary procedures are followed and services are offered to the survivor once the case is reported. These care rooms are an initial entry point for psychological support and survivors are referred to hospital care rooms in Activity 1.

ACTIVITY 3: Community-based Support for Survivors

The community-based support for survivors is integrated with the Care Rooms operations. Survivors are allocated counselors who offer them service in the care room and conduct follow-up thereafter. These same counselors will remain the support counselors to the survivor throughout the program. These counselors will then visit survivors at home for the provision of psychological and social support. A holistic approach is employed, an integrated approach to holistic social welfare intervention, where survivors of sexual assault and domestic violence needs are addressed in collaboration with other stakeholders, for example the Department of Education, Health and Social Services, Justice, Safety and Security, and Home Affairs. GRIP acts as the eyes and ears of each community. By conducting these home visits, GRIP accesses each family's and individual's unique care needs, and can refer and act upon accordingly. Confidentiality and privacy is respected.

ACTIVITY 4: HIV and AIDS Support Groups for Survivors

The goal of the HIV and AIDS support group is to establish, build and facilitate area-specific sites for an ongoing support system, catering to HIV-infected persons, which offers a forum for continuous information and sharing of life experiences, for mutual benefit to those needing or requesting it. These groups are facilitated by trained counselors and have more or less 15 persons to meet on a twice a month basis for a 6 month period. The venue for the meetings will be sourced through collaboration with traditional leaders or community halls. These meetings will enhance the psychological, spiritual, and social aspects of palliative care.

Through the support groups, a major component will include the following activities: acceptance, disclosure, prevention with positives, opportunistic infections, adherence counseling, treatment literacy, nutrition, and counseling.

Through the provision of clinical, psychological, social, spiritual, prevention and victim empowerment interventions, these activities contribute to the PEPFAR goal of reaching 10 million with care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16272, 16012, 13362

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
16012	16012.08	7311	7311.08		GRIP Intervention	$100,000

Emphasis Areas

Gender

* Increasing women's legal rights

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,600	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	292	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7338.08

Mechanism: UGM

Prime Partner: Family Health International SA

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: 16088.08

Planned Funds: $142,500

Activity System ID: 16088

Activity Narrative: SUMMARY:

Currently, USAID/South Africa (SA) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including basic health care and support (BHCS) programs, through three competitively-selected Umbrella Grants Management partners: Pact, the Academy for Educational Development (AED) and Family Health International (FHI). The main purposes of these UGM projects are to: (1) facilitate further scale-up of HIV and AIDS care services and (2) develop indigenous capability, thus creating a more sustainable program. The emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs). The current UGM with FHI will support five sub-partners who have transitioned over from Pact and five new sub-partners. This activity refers only to the USAID/SA UGM project managed by FHI.

BACKGROUND:

USAID/SA's Health and HIV/AIDS strategy responds to the overwhelming challenges posed by the HIV and AIDS epidemic on individuals, families, communities and society in South Africa. Through this UGM, FHI is responsible for managing subgrants to ten USAID partners (all of whom submit their COPs directly to USAID). As USAID's prime partner and the managing umbrella organization, FHI will not directly implement program activities, but rather act as a grants management partner to manage and mentor its ten sub-recipients who, in turn, will carry out the assistance programs. Thus, FHI functions primarily as a sub-grant making entity, and a relatively small percentage of overall funds are used for administrative purposes. Given that recipients require significant technical assistance and management support to grant recipients, FHI will devote a reasonable percentage of overall funding to providing this support.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, at national, and/or local (i.e., provincial and district) levels, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development (NDOH, DOSD), and representatives from the provincial departments.

Under this UGM with FHI, USAID is supporting four indigenous and international FBO and NGO partners who provide basic health care and support services such as palliative and home-based care (HBC) to communities in the provinces. These are: Humana People to People; LifeLine; MCDI; and PSA-SA. Grants to palliative care partners support government clinics and hospitals with human resources including doctors, nurses, pharmacists, and counselors. These partners also work closely with new and established hospices to ensure hospice accreditation in accordance with national and global standards of palliative care. Palliative care services supported by partners include holistic; family-centered; clinical, psychological, spiritual, social care and integrated prevention services for PLHIV and their families, supported by multidisciplinary teams at facility and community levels. An emphasis will be placed on TB screening, national guidelines for OI prophylaxis, identification of pediatric cases, and ART referral, as services become available. Through their partnership with PEPFAR, these providers will increase their reach two to three-fold. This scale-up requires strong financial, monitoring and evaluation, and management systems to accommodate growth in reach and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

In the FY 2008, USAID/SA will continue to support existing palliative care partners through this UGM with FHI. Funds budgeted under this narrative will support costs for administering, managing and facilitating technical support for FHI's palliative care sub-partners. Separate COP entries describe the palliative activities implemented by each sub-partner under FHI. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and an important strategy for achieving prevention, care, and treatment goals of PEPFAR to ensure long-term sustainability of programs and organizations.

ACTIVITY 1: Grant Management

Through this UGM, FHI will award and administer care grants to partners selected through a USAID/PEPFAR APS competitive process to implement HIV and AIDS activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. FHI will continue to monitor palliative care program implementation and adherence to financial regulations both within FHI and in its sub-partners (USAID's partners). This involves provision of extensive technical assistance to partners on palliative care project development and implementation, financial management, monitoring and evaluation, and reporting. All these functions provide key support to organizations so they can better implement care activities.

ACTIVITY 2: Capacity Building

This new umbrella mechanism will support institutional and technical capacity building of indigenous organizations, defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support. FHI will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of sub-partner organizations implementing preventive activities. FHI will also provide technical assistance to the USAID partners, as needed, to improve the technical approaches used for AB prevention activities and to enable quality assurance/quality improvement (QA/QI) of activities falling within this technical area. All these functions provide key support to organizations so they better implement care activities.

ACTIVITY 3: Monitoring and Evaluation (M&E) and Reporting

The umbrella grants mechanism will ensure support to USAID's care partners in M&E, in order to strengthen measurement of the implementation and impact of palliative care program activities, an eventual achievement of PEPFAR goals. M&E support of palliative care partners include: measurement of program

Activity Narrative: progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under the umbrella grant mechanisms will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16087, 14028, 13785, 13991, 14016, 13978, 16089, 16090, 16091

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
13978	7885.08	6672	479.08		Humana People to People in South Africa	$339,500
13991	8253.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
13785	8250.08	6610	4757.08		Project Support Association of Southern Africa	$300,000
14016	7904.08	6685	4624.08		Medical Care Development International	$224,000
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
16090	16090.08	7338	7338.08	UGM	Family Health International SA	$363,750
16091	16091.08	7338	7338.08	UGM	Family Health International SA	$1,011,800

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7300.08
Mechanism: N/A
Prime Partner: Pathfinder International
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: 15940.08
Planned Funds: $250,000
Activity System ID: 15940

Activity Narrative: SUMMARY:

Pathfinder will conduct a situational analysis and select communities for implementation of community and home-based care (CHBC) services according to availability of referral sites, such as hospitals and other facilities offering treatment of opportunistic infections (OIs) and ART. Peer educators will also be trained and peer supervisors in CHBC and establish linkages with programs providing nutritional support to people living with HIV (PLHIV) and OVC. The objective under this program area is to improve the quality of life for young PLHIV and their families through expanded access and improved quality of CHBC services. All activities will be implemented by Planned Parenthood of South Africa (PPASA) and services will be made available in PPASA youth clinics in KwaZulu-Natal, Gauteng, North West, and the Eastern Cape. The emphasis areas for these activities are human capacity development and local organizational capacity development. Specific target populations include young people between the ages of 15-24 years and their families around the clinic catchment areas.

BACKGROUND:

As the number PLHIV increases in South Africa, the gap continues to widen between the supply and demand for health care services. Relying on the strengths of community networks, community home-based care has emerged as an effective method of providing compassionate care to those infected and affected by HIV and AIDS. Since the 1980s, Pathfinder has been a leader in managing successful CHBC programs in a number of countries, including Uganda, Kenya, Tanzania, and Ethiopia, as well as a new youth CHBC program in Mozambique. Pathfinder will transfer this experience to better meet the needs of PLHIV -- particularly youth infected or affected by HIV and AIDS in South Africa. This is a new partner for FY 2008. CHBC will be implemented by NGOs, Community-Based Organizations (CBOs), volunteers, and youth organizations with technical oversight provided by Pathfinder/PPASA. Youth CHBC volunteers will provide an important link between PLHIV, community services and the youth-friendly clinics providing HIV and AIDS care and support services. They will identify potential barriers to ART adherence and ensuring treatment compliance for PLHIV on ART.

ACTIVITY 1: CHBC Networks

CHBC programs provide clients and family members with practical nursing skills such as how to treat bed sores, pain and symptom management, how to treat opportunistic infections etc., psychosocial support and linkages to other community services, such as income generation, food, and orphan support. CHBC relies on networks of community health workers who are attached to local CBOs; they regularly visit homes of those who are affected and teach caretakers how to provide emotional support and physical care to household members living with HIV and AIDS. In addition, community health workers play a major role in prevention, stigma reduction and social mobilization within their communities. CHBC programs strengthen linkages with nearby health facilities, such as hospitals and PMTCT sites, establishing two-way referral systems between these facilities and community health workers. CHBC is a critical element in the continuum of HIV and AIDS prevention, care and support. CHBC programs will expand their focus on palliative care to include adherence support, community engagement, prevention with positives, and nutritional support. Through this project, Pathfinder will facilitate CHBC services in selected communities around the four youth-friendly clinics upgraded to provide HIV and AIDS care and support services under this project. The project will build upon existing relationships with the Provincial Departments of Health, (PDOH) as well as with youth NGOs and youth associations currently providing community outreach services. CHBC will be implemented by NGOs, CBOs, and youth organizations, with technical oversight provided by Pathfinder/PPASA. Under the coordination of PDOH, Pathfinder/PPASA and project stakeholders will select communities for CHBC during project start-up. Criteria for selection will include proximity to a youth-friendly clinic, referral facilities, and existence of appropriate youth NGOs, CBOs or associations that have the capacity to carry out such activities. Pathfinder will conduct situational analysis and select communities for CHBC services based on the above criteria. Peer Educator Supervisors will be selected in each of the communities, where peer educators will receive training in CHBC and subsequently become Youth CHBC Activists. The Youth CHBC Activists will be trained to provide palliative care and training for primary caregivers and especially to youth affected by HIV/AIDS in their communities. From its long history of implementing CHBC programs and working with youth, Pathfinder recognizes the need for effective and frequent supervision and mentoring of Youth CHBC Activists. These Activists will be given the emotional support they need to do their jobs, which are often demanding and difficult. Supervisors will conduct monthly meetings with them to track progress and provide updates, as well as provide a forum for the health workers to support one another and discuss difficulties and solutions as a group.

ACTIVITY 2: Community Support and Mobilization

Community support and mobilization are key to CHBC. Peer Educator Supervisors and Youth CHBC Activists will be trained on social mobilization as a part of basic CHBC training. Peer educators will be trained as Youth CHBC Activists to provide palliative care and training for primary caregivers and especially to youth affected by HIV and AIDS in their communities. The Youth CHBC Activists will identify and follow up with young pregnant women for PMTCT services and promote VCT among community members (especially youth). They will facilitate anti-AIDS clubs and support groups for youth infected or affected by HIV and AIDS, and identify and link orphans and vulnerable children (OVC) to available services, such as nutritional support and support for payment of school fees. In those families with a PLHIV receiving ART, Youth CHBC Activists will provide adherence support, follow-up, and linkages to referral centers. Youth CHBC Activists will be trained on the referral systems, and will refer clients appropriately. Activists will play a key role in community sensitization and stigma reduction around HIV and AIDS, working to introduce CHBC services in their communities and garner the support of local leaders, faith-based groups, and other youth organizations. Pathfinder together with PPASA will conduct community sensitization meetings to introduce CHBC services and garner support for program and youth community health workers. Health workers will be supplied with basic home-based care kits, containing gloves, swabs, disinfectant, and basic medicines such as paracetamol and hydrocortisone cream to assist in their work. A communication strategy will be designed to help Youth CHBC Activists to facilitate dialogue and collective action in their communities.

ACTIVITY 3: Gender Issues

Activity Narrative: Gender and sexuality are significant factors in the sexual transmission of HIV and they influence access to treatment, care, and support. Pathfinder will facilitate adaptation of the DOH HBC curriculum to be more gender sensitive and responsive, especially in regard to gender roles and norms among young people to improve gender-sensitive training for Youth CHBC Activists and Supervisors. Pathfinder will also add youth, gender, human rights and social mobilization components to national HBC training curriculum. Pathfinder will ensure appropriate representation of male and female Youth CHBC Activists and ensure that the number of families and young people reached with CHBC is proportionate with the number of young males and females in need in each community. Special attention will be given to young women infected or affected by HIV/AIDS to ensure that care and support services are available and that schooling continues whenever possible.

ACTIVITY 4: BCC and social mobilization: Participation of young people and community members in social mobilization processes will be valued as a goal. To start this process, community members need clear values in relation to young people, especially those living with HIV and AIDS. They must believe that living conditions of these young people ought to change. Through dialogue and establishment of prevention clubs, community members will collectively evaluate the social consequences of those living conditions and elaborate a different future, free of stigma and discrimination. Materials explaining the purpose of CHBC and helping PLHIV to "live positively," as well as those that build treatment literacy will be sourced and disseminated by the Youth CHBC Activists. Addressing prevention with HIV-infected individuals is an important part of this comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission.

These results contribute to the PEPFAR 2-7-10 goals by improving the quality of life for young PLHIV and their families through expanded access and improved quality of CHBC services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15942, 15941, 15943

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15942	15942.08	7300	7300.08		Pathfinder International	$250,000
15941	15941.08	7300	7300.08		Pathfinder International	$250,000
15943	15943.08	7300	7300.08		Pathfinder International	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,404	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	105	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Northern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 466.08

Mechanism: HPI

Prime Partner: Health Policy Initiative

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: 3015.08

Planned Funds: $291,000

Activity System ID: 15075

Activity Narrative: SUMMARY:

This activity is aimed at partnering with key civil society organizations focusing on mobilizing people living with HIV and AIDS (PLHIV) to access basic preventive care services. The Health Policy Initiative, Task Order 1 (HPI TO1) has technical expertise and existing nationally-recognized materials to support this activity which include 'To the Other Side of the Mountain - A Toolkit for People Living with HIV and AIDS in South Africa', 'National Support Group Guidelines', as well as materials to address stigma and discrimination at individual and community levels. Emphasis will be placed on mitigating stigma and discrimination and addressing gender inequalities in palliative care.

BACKROUND:

The HPI TO1 will provide technical assistance to PLHIV organizations to equip them with skills to mobilize and advocate for essential care and treatment support services, training on essential care messages and referrals for essential HIV and AIDS PMTCT, ART, opportunistic infection (OI) management (including TB) and counseling and testing (CT) services for its members and their families. The target populations for this activity are HIV-infected TB patients, PLHIV, their families, and community-based organizations. The major emphasis areas are local organization capacity development, with additional emphasis on community mobilization/participation and training. HPI TO1 will increase access to basic preventive care services under the umbrella of quality palliative care service delivery through a national rollout of the Toolkit for People Living with HIV and AIDS and through strengthening the capacity of three TB/HIV outlets. The Toolkit was developed in collaboration with PLHIV and the National Department of Health (NDOH) Chief Directorate on HIV and AIDS, Care and Support, STIs and TB. The Toolkit was developed to address the needs of PLHIV in South Africa particularly in the areas of disclosure, rights, communication, facilitation, advocacy and mobilizing access to essential prevention, care and treatment services. This activity will also integrate psychosocial support to family members of people living with HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

HPI TO1 will provide capacity development for PLHIV organizations in South Africa to equip them with skills to mobilize and advocate for essential care and treatment support services, knowledge and awareness of essential prevention and basic preventive care interventions and the importance of mobilizing and referring for essential HIV and AIDS PMTCT, ART, OI management (including TB), family planning and CT services for its members and their families. This activity will focus on strengthening and building the capacity of PLHIV organizations at provincial and district levels to provide quality programs designed to meet the needs of people infected and affected by HIV and AIDS. These organizations work with the South African National AIDS Council (SANAC) and they will be selected through SANAC and provincial Departments of Health. In FY 2008, HPI TO1 will provide training and technical support through nine provincial workshops for 10 participants per workshop per province who represents the Hospice Association of South Africa and its provincial branches, HPI TO1 will further train individuals from several community-based organizations providing community-based prevention and basic preventive care services, stigma and gender-based violence mitigation, using the toolkit. Additional workshops for students from two nursing colleges in Gauteng and Western Cape Province will be conducted, using the toolkit as part of their curriculum. The workshops will focus on providing participants with advocacy skills, community group facilitation skills, skills which support disclosure of HIV status, mobilizing for essential care services including prevention strategies and prophylaxis and treatment for OIs, ART support, counseling on HIV prevention and behavioral change and provision of condoms; mobilizing for counseling and testing (CT) of family members; counseling in nutrition and personal hygiene; psychosocial support and mitigation of gender-related violence and mobilizing for PMTCT, ART, OI management (including TB), CT services and workplace interventions. This activity will strengthen the capacity of NGOs and CBOs which are messaging and mobilizing for basic preventive care services in South African communities. This activity will also address gender issues through the provision of basic HIV screening and care and prevention messaging to large numbers of male and female adult PLHIV, support for disclosure of HIV status and reduction of gender-based violence, involvement of males in the program, mobilization of community leaders for promoting community efforts against stigma and discrimination and for raising awareness regarding HIV prevention, care and treatment.

With the epidemics of HIV and TB interlinked, and the increasing incidence of active TB disease, HPI TO1 recognizes that the strengthening of HIV/TB outlets is essential to ensure that the people affected by the co-epidemics receive appropriate care and treatment. HPI TO1 will focus on the integration of programs, the decrease of TB among PLHIV and the increase of HIV care available for TB patients within these service outlets. Three service outlets will be targeted VUKA TB/AIDS Project, NWATHA and a new outlet from the Western Cape.

VUKA TB/AIDS Project operates in an urban area, Hillbrow, Johannesburg. This is an area that is characterized by a diverse, overcrowded, poor, mobile and high risk community. Hillbrow has also been identified by the National Tuberculosis Control Program as a focus area for TB. VUKA utilizes volunteers to deliver a comprehensive service to the community of Hillbrow.

NWATHA has been a service provider to North West Provincial Department of Health in different districts in the North West Province. Given the strong link between TB and poverty which is evident in the province as it is predominantly rural, TB and HIV mobilization and awareness in these communities is needed.

The Western Cape has one of the highest TB prevalence in the world. It has also been identified as one of the focus areas of TB by the National TB Control Program of South Africa. Through the TB Alliance in the Western Cape, an organization will be identified that requires capacity and systems strengthening.

The activities outlined above will contribute towards meeting the vision outlined in the USG Five-Year PEPFAR Strategy for South Africa by mobilizing PLHV organizations and individuals and equipping them with skills to promote that mitigate stigma and discrimination

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7603

Related Activity: 15073, 15074, 15076, 15077

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23064	3015.23064.09	U.S. Agency for International Development	Health Policy Initiative	9886	466.09	HPI	$0
7603	3015.07	U.S. Agency for International Development	The Futures Group International	4484	466.07	HPI	$275,000
3015	3015.06	U.S. Agency for International Development	The Futures Group International	2670	466.06	Policy Project	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15073	3014.08	7034	466.08	HPI	Health Policy Initiative	$944,750
15074	6427.08	7034	466.08	HPI	Health Policy Initiative	$388,000
15076	3017.08	7034	466.08	HPI	Health Policy Initiative	$121,250
15077	3016.08	7034	466.08	HPI	Health Policy Initiative	$1,455,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	390	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Teachers

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 6155.08

Mechanism: UGM

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: 12348.08

Planned Funds: $188,000

Activity System ID: 14253

Activity Narrative: SUMMARY:

Pact's Rapid Response for HIV and AIDS in South Africa is an umbrella grant mechanism for USAID PEPFAR grants identified through a USG interagency competitive (APS) process. Pact's primary goal is to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and quality services in the spectrum of palliative care. Primary targets include non-governmental organizations (NGOs), private voluntary organizations (PVOs), and faith-based organizations (FBOs). Pact's major emphasis is the enhancement of local subpartner capacity through the development and implementation of documented organizational systems and procedures and human capacity development at management and operational levels.

BACKGROUND:

Since 2004, Pact has facilitated the efficient flow of grant funds during the rapid scale-up of the PEPFAR South Africa program. Pact provides PEPFAR funding and assistance to over 30 total PEPFAR partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS.

Pact has contributed to the 2-7-10 PEPFAR goals through support to 8 partners providing palliative care to over 80,000 individuals infected and affected by HIV and AIDS. These partners equip government clinics and hospitals with the human resources including doctors, nurses, pharmacists and counselors. They offer specialized training and infrastructure renovation required to more effectively serve their communities. In addition, these partners work closely with new and established hospices to develop, improve, and evaluate current services to ensure hospice accreditation in accordance with national and global standards of palliative care.

Palliative care services extend beyond patient facilities and include the support of grassroots initiatives for home-based care, prevention, and positive living activities. Partners engage private doctors, traditional healers, church groups, and people living With HIV (PLHIV) support groups to extend and enhance the networks for entry point and follow-up care. During their partnership with PEPFAR, these providers will increase their reach two to three-fold. This scale-up will require strong financial, monitoring & evaluation, and management systems to both accommodate the growth in reach and maximize sustainability. In FY 2008, Pact will continue to provide capacity building support through training and mentoring necessary to further develop and strengthen partner organizations. Pact will also facilitate the sharing of these systems between emerging and well-established partners and reinforce the use of data and reporting for strategic decision making.

ACTIVITY 1 - Grant Management

Pact conducts a participatory assessment of each partner organization and collaboratively develops an organizational capacity building strategy that details planned interventions. These assessment results also inform Pact of what type of assistance must be provided urgently in order to ensure that the organizations comply with USAID rules and regulations.

Prior to the signing of grant agreements, Pact provides extensive assistance to organizations in developing comprehensive program design documents that accurately reflect planned activities and clearly articulate defined goals and objectives. Further assistance is provided in costing program activities and developing a detailed budget that is consistent with program objectives. Pact assists partners in developing realistic cost share levels and emphasizes the sustainability aspect of this requirement. After the signing of the agreement, Pact works with each partner in developing a very detailed annual work plan that includes specific activities to be implemented, timelines, budgeted amounts, target beneficiaries and projected reach. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of partner organizations to diversify their funding base and ensure sustainability. Consistency with National Guidelines is emphasized.

ACTIVITY 2 - Human Capacity and NGO Development

Pact has developed a customized training series to orient new partners and their sub-partners. The training series includes basic and advanced grants and sub-grant management which addresses USAID rules and regulations, good governance and minimum financial management standards. Monitoring and evaluation courses cover basic principles of monitoring and evaluation and PEPFAR data requirements as well as internal data quality assurance. Refresher courses are also offered throughout program implementation. Pact also ensures that ongoing, intensive on-site training and mentoring is provided to partners and sub-partners. On a quarterly basis, Pact assesses the level and type of assistance required by each organization and develops a site visit plan that ensures that the necessary support is delivered to each partner and subpartner. Pact organizes and supports technical consultation meetings for the sharing of best practices and lessons learned among PEPFAR and non-PEPFAR partners. As required, technical assistance from select regional and international providers is sourced to assist partners in improving their technical capacity.

ACTIVITY 3 - Monitoring and Evaluation (M&E)

Pact assists each grantee in developing a results framework that tracks success against both PEPFAR program and organizational indicators. Pact further assists partners and sub-partners in the development of monitoring, evaluation and reporting (MER) plans and systems. Participation in a five day M&E training is mandatory for all partners prior to full implementation. Pact provides additional M&E assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems, conducting internal data quality audits and verifying and validating partner and sub-partner data submissions

ACTIVITY 4 - Program and Financial Monitoring

Pact recognizes the importance of monitoring partner and subpartner program progress and early identification and resolution of implementation issues. Pact has frequent and regular contact with partners

Activity Narrative: and if technical/programmatic gaps or problems are identified, ensures that issues are promptly addressed and resolved.

In addition to monitoring program progress, Pact closely monitors partner financial management and ensures that grants funds are utilized only for activities approved by USAID under PEPFAR funding. All partners submit monthly financial reports that that detail and document expenditures. Once Pact has ascertained that the partner has implemented and/or strengthened financial management systems which fully comply with USAID regulations, the documentation requirement is removed and only the monthly reporting requirement remains in effect. Pact finance staff visit partners every quarter to audit program expenses and accompanying documentation, compliance with USAID rules (including branding requirements) and cost share.

ACTIVITY 5 - Technical Assistance

Pact will provide and manage direct technical assistance in prevention, care and support strategies for all sub-grantees. Pact technical staff will conduct assessments and provide consultation and training on the development and implementation of programs and services (in line with best practice models, donor and SAG recommended methodologies and standards). In addition, sub-grantees will be supported with guidance and ongoing assistance on the design and delivery of partner HIV and AIDS curricula, training modules and publications. Pact will also work closely with partners to ensure the effective incorporation and strengthening of nutrition and food security, protection services, gender mainstreaming, and human capacity development in existing programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12348

Related Activity: 14252, 14254, 14255, 14256, 13907, 14031, 13994, 13368, 13961, 13344, 13804, 13372, 13844

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22881	12348.22881.09	U.S. Agency for International Development	Pact, Inc.	9815	6155.09	UGM	$182,530
12348	12348.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
13804	2993.08	6615	335.08		Salvation Army	$400,000
13372	12360.08	6454	4626.08		African Medical and Research Foundation	$194,000
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13994	3025.08	6679	481.08		Living Hope	$325,000
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
14031	12366.08	6689	2312.08		National Association of Childcare Workers	$200,000
13907	12355.08	6647	4103.08	World Vision	World Vision South Africa	$194,000
13844	8268.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
14255	12410.08	6755	6155.08	UGM	Pact, Inc.	$485,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

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: 14071.08

Planned Funds: $1,285,000

Activity System ID: 14071

Activity Narrative: SUMMARY:

The aim of this project is to provide technical assistance to the National Department of Health (NDOH) and provincial health departments to ensure expansion and integration of palliative care services within all palliative care programs, including PEPFAR, in all provinces. Target populations for these activities include host country government, healthcare workers and community healthcare workers. PEPFAR funds will be used to employ one full time palliative care technical advisors to be placed at CDC and one full time palliative care technical advisor in each of the nine provinces to assist with the coordination of palliative care activities at provincial and district level, enhance capacity of provincial and district staff by providing support and technical assistance for the implementation of the Basic Care Package at district level in all nine provinces. The funds will also be used as part of a joint (inter-agency) APS to attract new partners to implement the Basic Care Package for PLHIV who do not qualify for ARV treatment.

BACKGROUND:

The goal of the National palliative care program is to ensure the universal access to palliative to all PLHIV and family members especially those who do not qualify for ARV therapy thus establishing a continuum of care from testing HIV positive to end of life care.

ACTIVITY 1:

The technical advisors at provincial level will be responsible for coordinating the implementation of the Basic Care Package and the integration of pain assessment and management into HIV care services at district level. This will ensure consistency and quality across all palliative care services and will build capacity within the provincial DOH to monitor and support palliative care services. It is expected that these advisors will be able to support and advocate for supportive palliative care policies at the national level and within the provinces respectively and ensure that these policies are in line with the South Africa National Strategic Plan for HIV and AIDS. These coordinators will liaise with provinces and work across all PEPFAR partners within the provinces to ensure quality palliative care services are rendered according to national and PEPFAR guidelines. They will also provide technical assistance at provincial level in monitoring and evaluation of Care programs at district level.

ACTIVITY 2:

Funds will be utilized in the joint agency APS to attract new partners to implement the Basic Care Package in all nine provinces. USG is seeking partners to implement services in: acceptance of status, disclosure, screening and treatment of opportunistic infection (cotrimoxazole and INH prophylaxis), nutrition assessment and counseling, pain and symptom screening and management, knowledge of HIV infection and disease progression, ART and treatment adherence, TB treatment and adherence and basic hygiene and safe water. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. The rapid scale-up of HIV care and treatment has created an opportunity to reach many HIV-infected individuals with prevention with positives interventions on a regular basis. Emphasis will also be placed on accessing gender equity in care programs. USG is seeking partners to implement these services in hard to reach rural areas.

The main beneficiaries for this program will be PLHIV who will be encouraged to compete. This program will contribute to 2-7-10 goals by ensuring the implementation of quality palliative care and increasing access to palliative care services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14057, 14058, 14068, 14069, 14063, 14059, 14060, 14061, 14062

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	50,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

It is estimated that through the coordination of palliative care services within the Provincial DOH, about 50,000 PLHIV and their families will receive improved access or improved quality of care.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	262.08	**Mechanism:**	N/A
Prime Partner:	National Institute for Communicable Diseases	**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:	6424.08	**Planned Funds:**	$582,000
Activity System ID:	14073		

Activity Narrative: SUMMARY:

This activity supports screening and testing people living with HIV for sexually transmitted infections (STI), and help to improve the health of women in prostitution and engaging in transactional sex through cervical screening. The major emphasis area is policy/guidelines, and implementation of STI screening, with minor emphasis on needs assessment, and training. Target populations will be people living with HIV and partners in general population and women in prostitution and engaging in transactional sex.

BACKGROUND:

Both activities are on-going and were funded in FY 2007. STIs are strongly linked to HIV transmission and can further complicate the clinical care of the HIV-infected patient. South Africa is also experience a rapid rise in ciprofloxacin resistant gonorrhea and ciprofloxacin, the national first-line therapy, is no longer reliable as a therapeutic intervention. It is therefore important to test gonococci isolated from HIV-infected patients for likely ciprofloxacin resistance and ensure appropriate treatment is prescribed. Screening and treating HIV-infected individuals for STIs identified will result in better palliative care services, will reduce the likelihood of HIV and STI transmission to their partners and will identify those HIV-infected individuals that could potentially benefit from additional prevention/risk reduction services, including prevention with positives services. Currently the South African Government operates all public health clinics, including ARV sites, using a syndromic management model for STI treatment. Asymptomatic individuals go undetected and untreated with the syndromic approach, unless such patients present as contacts of other symptomatic STI-infected patients. Activity 2 is a continuation of the cervical screening service for women in prostitution and engaging in transactional sex (SWs) who attend a mobile clinic service in the Carletonville area of Gauteng Province. These women, of whom 65% are HIV seropositive, will be also tested for high risk types of human papilloma virus (HPV) infection to determine those most at risk of developing cervical cancer. The prime partner, The Sexually Transmitted Infections Reference Centre (STIRC) carrying out these projects is part of the South African National Institute for Communicable Diseases (NICD). NICD is organized as a parastatal, with accountability to the National Department of Heath through a Board of Directors. STIRC will implement both activities in collaboration with CDC's Division of STD Prevention, an HIV clinic in Johannesburg and the Mothusimpilo NGO which provides outreach services to SWs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Screening and testing for STIs among HIV-infected patients will be carried out in the South African Government's largest Johannesburg hospital-based ARV site. People living with HIV will be screened for asymptomatic STIs and tested for pathogenic causes of STI syndromes when present. Since these activities will take place in a public ARV clinic, medicines needed to treat the STIs diagnosed will be provided by the South African Government, and not purchased with PEPFAR funds. Those with STIs will be counseled regarding enhanced risk of HIV transmission in the presence of STIs and will be offered prevention with positives services. Partner notification and counseling of those infected will result in the referral of sex partners for STI diagnosis and treatment as well as HIV counseling and testing. Couples counseling will be encouraged for discordant couples.

ACTIVITY 2:

Women in prostitution and engaging in transactional sex will be tested for HIV infection using rapid tests in informal settlements by the NGO program. These women will then be screened with cervical Pap smears to detect either dyskaryosis or cervical cancer as well as undergo HPV screening/typing. Women in prostitution and engaging in transactional sex with abnormal smears will be referred to gynecologists for further assessment and treatment.

Total staffing for both activities includes three nurses and three counselors, who will deliver the clinical service to those with STIs and their partners as well as to women in prostitution and engaging in transactional sex; two clerks will double-enter data. STI screening results and the importance of the STI-HIV link will be disseminated through training and building of human capacity of healthcare workers. Treating STIs will reduce on-going HIV transmission from index HIV clients. Partners in Activity 1 will receive epidemiological treatment for STIs as contacts and be offered HIV testing. Early treatment of cervical dysplasia in Activity 2 will prevent cervical cancer in women in prostitution and those engaging in transactional sex. Activity 2 will involve training in the taking of cervical smears by the NGO project nurses as well as raise awareness about cervical cancer among women in prostitution and those engaging in transactional sex . Findings from both activities will be used by STIRC to influence local and national health policy and guidelines which will enhance sustainability of each activity.

FY 2008 activities will be expanded to include the addition of symptomatic HIV-infected individuals for STI testing at the HIV clinic in Johannesburg, in addition to the screening of asymptomatic patients. The other activities remain the same, although approximately 20% more patients and women in prostitution or engaging in transactional sex will be included in the FY 2008 targets.

These activities contribute to PEPFAR goal of 10 million people in care by improving the palliative care provided to HIV-infected individuals presenting at ARV sites through the diagnosis and treatment of their asymptomatic STIs. These activities further contribute to the 2 and 7 portions of the PEPFAR goals through the referral, testing and treatment of the sex partners of HIV-infected patients and by identifying those HIV-infected patients that may benefit from further risk reduction and prevention counseling.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7393

Related Activity: 14074, 14075, 14076

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22856	6424.22856.09	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	9807	262.09		$0
7393	6424.07	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	4398	262.07	CDC GHAI	$600,000
6424	6424.06	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	2648	262.06	CDC GHAI	$440,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14074	12473.08	6700	262.08		National Institute for Communicable Diseases	$873,000
14075	2959.08	6700	262.08		National Institute for Communicable Diseases	$2,885,750
14076	2958.08	6700	262.08		National Institute for Communicable Diseases	$3,835,438

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

Indirect Targets

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	486.08	**Mechanism:**	N/A
Prime Partner:	National Department of Correctional Services, South Africa	**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:	3030.08	**Planned Funds:**	$135,800
Activity System ID:	14036		

Activity Narrative: SUMMARY:

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to provide basic HIV and AIDS care and support to offenders and staff in DCS Correctional Centers in all nine provinces. The major emphasis area for this program will be the training of personnel as facilitators on the establishment and maintenance of support groups for infected and affected HIV and AIDS offenders in Correctional Centers. Special emphasis will be placed on integrated preventions services, including prevention with positives and behavior change as well as the management of psychosocial challenges. Minor emphasis will be given to community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The target population will include men and women offenders, people living with HIV (PLHIV), their caregivers and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments).

BACKGROUND:

The training will be provided by an identified service provider registered and accredited according to the South African laws and contracted through the DCS procurement process. However, the actual services will be carried out by both offenders and DCS members who have been trained. This activity is also one of the National Department of Health's strategies aimed at promoting positive living among people who have tested HIV-infected and integrate prevention services with those who seek to support one another and to cope with their status. The activity will contribute to the core objective of the Department of Correctional Services which is rehabilitation by enhancing a rational thinking among offenders and allowing them to take charge of their own behavior and future.

Although the DCS is encouraging the establishment of care support groups in Correctional Centers, no formal training was conducted to ensure that facilitators (personnel) are equipped with the necessary skills and knowledge to establish and maintain these care support groups. Challenges have been previously experienced whereby the support groups were without a skilled coordinator, and the concept of support groups lost its meaning in terms of its objectives and core business. The establishment of support groups for infected and / or affected members will also contribute positively towards creating an enabling and conducive environment and will promote the Department's intentions to care and support members who have to deal with the psychosocial impact of this epidemic. DCS will also encourage family members, where possible, to be part of the support activities for PLHIV.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

FY 2008 funds will continue to support personnel that are aimed at strengthening the HIV and AIDS Workplace Program. It is envisaged to train 180 members (at least 5 from each Centre of Excellence).

The activity will ensure gender balance by training both males and females as HIV and AIDS Support Group Facilitators to establish and maintain support groups. Coverage will include the 36 Correctional Centers identified as Centers of Excellence by the DCS in all six of its Regions which correspond with the nine provinces of South Africa. The support group facilitators will consist of custodial officials, administrative staff, professionals, etc to become comfortable with basic facts of HIV and AIDS and the support and care of infected and / or affected members.

ACTIVITY 2: Provision of Care

The training of offenders in basic palliative care and support will continue. Trained offenders will provide basic palliative care and support to other HIV-infected offenders. The basic palliative care activities will stem from those provided by the DOH as adapted for prison use. Nutritional referral, personal care, counseling (both pastoral and basic support), recognition of worsening condition such as increased pain or wasting, knowledge of when to refer to clinical providers in the prison, treatment adherence, prevention (including prevention with positives) and other holistic care activities as allowed (bathing, wound care). Screening for TB, STI, and OIs with appropriate referral and follow-up will be emphasized. This will be done in collaboration with the nurses at the prison since treatment for pain can only be done with a physician's orders and under strict supervision. A two-day workshop will be conducted with care specialist to look at the basic care package for offenders.

ACTIVITY 3: Care for Family Members

DCS will introduce a care and support package of family members of PLHIV to assist the individuals who are about to be released. This will assist in the transition from incarceration to civil society while continuing to be supportive of positive living behaviors. The training will include, promotion of family member CT, coping mechanisms, referral and follow up to public sector facilities for the continuation of palliative care services.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

The Department of Correctional Services activities contribute to the PEPFAR objective of 2-7-10 by increasing the number of people in care as well as preventing new infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7374

Related Activity: 14035, 14037, 14038, 14039, 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22997	3030.22997.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$0
7374	3030.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$140,000
3030	3030.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$160,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14035	3029.08	6691	486.08		National Department of Correctional Services, South Africa	$436,500
14037	6544.08	6691	486.08		National Department of Correctional Services, South Africa	$388,000
14038	3032.08	6691	486.08		National Department of Correctional Services, South Africa	$630,500
14039	4526.08	6691	486.08		National Department of Correctional Services, South Africa	$203,700
14040	3031.08	6691	486.08		National Department of Correctional Services, South Africa	$145,500

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	180	False

Indirect Targets

The Department currently has 49 support groups comprised of HIV and AIDS infected and affected offenders. The number of established support groups as well as offenders attending these groups is expected to increase after the training of personnel as HIV and AIDS Support Group Facilitators. There is no mandatory testing to determine the HIV status of offenders upon admission into the Correctional Centers. Hence, well structured and sustained support groups are a necessity to promote positive living and to create an environment in which HIV and AIDS infected and/or affected offenders share information and experiences and encourage one another.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9626.08
Mechanism: N/A
Prime Partner: Walter Sisulu University
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: 7961.08
Planned Funds: $679,000
Activity System ID: 14050

Activity Narrative: SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2008 funds in the Eastern Cape for sustainable human capacity development for all health workers through provision of support and training for improvement of health systems of HIV and AIDS care in the Eastern Cape. RTC staff will also continue to improve their knowledge and skills by having weekly academic clinical discussions, internal workshops, and ongoing mentoring and Performance improvement meetings with staff of partner facilities and their feeder clinics and in so doing, creating a "learning" network across all the LSAs of operation. This will facilitate health workers to deliver quality HIV and AIDS palliative care and enhance their capacity to participate effectively in all levels of HIV and AIDS care. Three teams from RTC will each support a facility and its feeder clinics for a period of four months to initially evaluate the HIV and AIDS palliative care training needs and provide targeted didactic training, ongoing mentoring and coaching using standardized procedures manuals and tools that are in line with the national guidelines. A performance Improvement officer will continuously mentor and improve performance of the trained personnel while the teams move on to cover other clinics. Community support groups will be supported and trained in delivering the basic Care package to PLHIV and their families in their respective communities. The primary emphasis will be given to core activity of training, with minor emphasis to quality assurance and supportive supervision for health systems improvement in HIV and AIDS care, information, education and communication (IEC). The primary target groups are public and private health care workers. FY 2008 activities will be expanded to include continuous performance improvement of facilities and feeder clinics There will also be a central information officer supporting the three teams, information systems strengthening at facility and feeder clinic levels, thus building information management and reporting capacity of these clinics. Teams will ensure all team data collection is captured into the main RTC M&E systems.

RTC will also train local PLHIV groups on the Basic Care Package and mentor these in the areas of support to implement the Basic Care Package. RTC will be responsible for the accreditation and production of the training material for this purpose. The Basic Care Package will include: Acceptance of status, disclosure, prevention with positives, nutrition assessment and counseling, What is HIV, progression of illness, treatment literacy and adherence counseling.

BACKGROUND:

Since 2004 RTC has developed two care support centers in two hospitals and nine clinics and generated a model and protocols which will be introduced at new sites in FY 2007. A system of improvement cycles have been introduced in one sub-district.

RTC has been working with ECDOH managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers to increase skills capacity to improve the quality of HIV treatment and support services at facilities and community level.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 RTC activities will continue to address activities related to training; local organization capacity development; quality assurance; and supportive supervision. Funding will be used to train and mentor health care providers on HIV and AIDS related palliative care and support programs. This will include the preventive package of care including prevention with positives, screening for opportunistic infections according to national guideline for management of HIV; WHO clinical staging and provision of cotrimoxazole prophylaxis, screening for and treating TB in PLHIV and provision of INH prophylaxis. RTC will also seed accreditation of training curriculum for the Basic Care Package for PLHIV in conjunction with NASTAD and train PLHIV in implementing the basic care package. Target personnel will include physicians, nurses and nurse practitioners and other hospital and clinic staff.

ACTIVITY 1:

RTC will through the 4 clinical teams assess the palliative care training needs of health care providers at selected hospital and feeder clinics sites in the Eastern Cape province. Palliative care training will be designed according to the needs of the care providers. The areas to be covered are: basic prevention including prevention with positives, clinical screening and monitoring of the PLHIV, treatment of opportunistic infections, cotrimoxazole and INH prophylaxis and pain and symptom management. These training will be in the form of case discussions, ward rounds, targeted didactic training, mentoring and coaching. This will be followed up with quality assurance interventions by the QA team to ensure transfer of skills into practice.

ACTIVITY 2:

RTC will in conjunction with NASTAD's sub-partners (JRI and SA Partners) seek accreditation for the training curricula for the Basic Care Package for PLHIV. RTC will also produce the training material for this training and train PLHIV to form and facilitate support groups to deliver the Basic Care Package. This package will cover the following: acceptance of HIV status, disclosure, prevention with positives, and treatment of opportunistic infections (with a special focus on TB/HIV co infection and the provision of cotrimoxazole), ARV and adherence and nutrition assessment and counseling. RTC will form support groups for PLHIV and their families in each of the sites they support to deliver the basic care package.

These activities will contribute to the PEPFAR goal of reaching 10 million HIV-infected and affected individuals with care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7961

Related Activity: 14049, 14051, 14052, 14053, 14054

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22715	7961.22715.09	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9773	9626.09		$388,362
7961	7961.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14049	3034.08	6695	492.08		National Department of Health, South Africa	$0
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
14053	3038.08	6695	492.08		National Department of Health, South Africa	$0
14054	3039.08	6695	492.08		National Department of Health, South Africa	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	22,962	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	243	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,712	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	603	False

Indirect Targets

The RTC team will support human capacity development and performance Improvement through training and mentoring of staff, strengthen down referral in 27 Hospital, and the 216 feeder clinics and members of community support groups. This with continued support of the performance Improvement Officer to the hospitals and feeder clinics covered by each team.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4624.08	**Mechanism:**	N/A
Prime Partner:	Medical Care Development 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:	7904.08	**Planned Funds:**	$224,000
Activity System ID:	14016		

Activity Narrative: SUMMARY:

Medical Care Development South Africa (MCDI-SA) will carry out activities to support expansion of holistic, comprehensive community HIV and AIDS and TB care and support from Ndwedwe sub-district to the other sub-districts of Ilembe District in KwaZulu-Natal province. FY 2007 and FY 2008 PEPFAR funding will be used to expand the primary activities of training, support and supervision of home-based care volunteers (HBCVs) and Directly Observed Treatment, Short-course (DOTS) providers, as well as the introduction of software to monitor home-based patient care. This will help to improve quality of care and treatment adherence for those on TB medication and/or ART; facilitate linkages between HIV and AIDS and TB-related community-based projects with the local health facilities; and build capacity among relevant community-based organizations (CBOs).

The emphasis areas include human capacity development (Pre- and In-service training, Retention strategy), local organization capacity building, and are extended through Child Survival and Safe Motherhood Wraparound Programs. The target populations are children, adolescents and adults, discordant couples, pregnant women, people living with HIV and AIDS, and orphans and vulnerable children.

BACKGROUND:

MCDI-SA is a US-based private voluntary organization (PVO) that is registered as a Section 21 company (NGO) in South Africa. MCDI-SA has been successfully implementing community public health and social support projects in KwaZulu-Natal, South Africa, since 1995. Prior to PEPFAR funding, projects have incorporated activities focusing on traditional Child Survival (CS) interventions, reducing HIV/AIDS through prevention among youth and adolescents, assisting with CT/PMTCT site establishment, strengthening the government healthcare system's provision of services to and creating support groups for HIV-infected and TB-affected individuals, and supporting other health-supportive community-based initiatives.

The activities proposed are expansions of those previously implemented by MCDI-SA in Ndwedwe sub-district and are in line with the PEPFAR and SAG objective of providing quality palliative care for HIV-infected and -affected individuals. The key program partner is the South African National Department of Health (NDOH), whose current policies on HIV and TB care and gender equity inform all project objectives, and whose representatives are actively engaged in the design and implementation of activities to promote consistency and long-term sustainability. The NDOH has agreed to provide staff and financial support for project activities, as needed. Other project partners include The Valley Trust, the National Association of People With AIDS (NAPWA), and Strengthening Pharmaceutical Systems (SPS).

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Training, Support and Supervision of HBCVs

Due to the large distances between households and health facilities throughout the Ilembe District, HBCVs are a crucial part of a comprehensive system of care for people living with HIV and AIDS (PLHIV) and people living with TB (PLWTB) and play a significant role in their day-to-day treatment. As part of its ongoing USAID-funded Child Survival Project and the ongoing Ndwedwe Integrated HIV/AIDS Tuberculosis Project, MCDI-SA will broaden its existing integrated home-based care (HBC) program in Ndwedwe sub-district to the three other sub-districts of the Ilembe District: Maphumulo, Mandeni and KwaDukuza. PEPFAR funds will be used to train new HBCVs in comprehensive home-based care skills during a three-week course on providing quality care for community members, including elements of the preventive care package, pain and symptom management and other palliative care services for PLHIV and PLWTB. Trainers from The Valley Trust will assist with this activity. Supervisory training and checklists will be provided, also in collaboration with The Valley Trust. Ilembe District community health facilitators (CHFs), who are responsible for overseeing HBCV activities in the District, and previously trained HBCV will be provided with refresher training in comprehensive home-based care skills for patients and their families. Distinctions between the needs of adults and children will be emphasized, as well as gender-specific issues such as integrating males into household care practices; increasing male knowledge of effective HIV prevention measures; increasing women's and girls' use of healthcare services; and recognizing and addressing domestic abuse against women and girls. Monthly meetings will be held between HBCVs and facility staff members to promote consistent quality care. Trained HBCVs will also become eligible for registration with the NDOH and to receive a government stipend for their work. Community-based organizations (CBOs) will be identified and supported to serve as supervisors of HBCVs. CBOs will also distribute HBCV supply kits, provide care for caregivers, assist with training, and arrange for HBCVs to receive recognition for their work at community gatherings. MCDI-SA will provide participating HBCVs with regular incentives, such as cell phone airtime, so that they will have the means to remain in contact with the supervising CBOs, clients and health facilities. Supervised by MCDI-SA, the CBOs will work in collaboration with CHFs to monitor and maintain the quality of services provided.

ACTIVITY 2: Introduction of Software to Monitor HBC Visits

Once HBCVs are trained, supported and supervised, and strong linkages are established with facility staff, it will be important to monitor HBCVs activities. Consequently, the introduction of software to monitor HBC visits is proposed. The Outreach Home-Based Care Database Software Program will be installed on DOH computers to tracks HBC monthly visit rates, activities during visits, client conditions, and the number of OVC in target communities. The system includes paper forms that are filled out by HBCV and their CBO supervisors, and the data is then captured and analyzed at the District level. As part of its collaboration with MCDI-SA, the RPM Plus project has agreed to collaborate with MCDI-SA to help institute this system as a pilot test of the concept. MCDI-SA will collect and analyze the data initially and will train Ilembe District health information officers to continue using the system to monitor the performance of its ongoing HBC program with potential scale-up to the KwaZulu-Natal provincial level. This system will strengthen the capacity of the District Health Office in monitoring health events at the community level and provide data to show the breakdown by gender of those receiving care services. The data also will be used to monitor the project's HBCV activities and inform project management decisions. The ultimate focus of this tool is to provide feedback to service providers with a focus on quality improvement.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of care and

Activity Narrative: support for PLHIV and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7904

Related Activity: 14015, 14017, 13718, 16088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22917	7904.22917.09	U.S. Agency for International Development	Medical Care Development International	9830	4624.09		$217,483
7904	7904.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14015	7903.08	6685	4624.08		Medical Care Development International	$224,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
14017	7905.08	6685	4624.08		Medical Care Development International	$224,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	6,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,400	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

Indirect Targets

In addition to the direct patients reached, MCDI-SA will indirectly support palliative care in the Ilembe District for 2008. Project activities done to support ongoing Department of Health services include (1) establishing home-based care referral systems at all sites; (2) comprehensive training of all facility nurses on home-based care protocols that adhere to national palliative care standards, and (3) integration of community-level data collection software into the Ilembe DOH District Health Information System. These interventions will provide substantial and sustainable benefits to all community members. The target estimate is based on KZN DOH statistics for the number of VCT clients who test positive for HIV in Ilembe District within a one-year period.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4753.08	**Mechanism:**	N/A
Prime Partner:	LifeLine North West - Rustenburg Centre	**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:	8253.08	**Planned Funds:**	$200,000
Activity System ID:	13991		

Activity Narrative: SUMMARY:

LifeLine's activities in Palliative Care/Basic Health Care & Support involve sub-grantees who have prior home-based care services and protocol training in line with SAG policies and guidelines. Activities include the following three components: 1) referral of HIV-infected individuals from the Counseling and Testing unit to local faith-based and community-based organizations (FBOs/CBOs) for follow-up; 2) Supervision of the delivery of palliative care services by LifeLine's second-tier sub-grantees (FBOs/CBOs); and 3. Capacity building in the form of training to support LifeLine's sub-partner FBOs/CBOs.

The Bojanala District Department of Health in North West province assists LifeLine with capacity building and supervision of the FBOs/CBOs. The program increases access to services for PLHIV, especially women and their families, who are disproportionately HIV-infected in South Africa.

Emphasis areas for this PEPFAR supported program are human capacity development and local organizational capacity development. The target populations adolescents aged 15 -24 and adults and also include most at risk populations namely, mobile population, non injecting drug users, persons who engage in transactional sex, but who do not identify as persons in sex work, people living with HIV and AIDS (PLHIV), and HIV and AIDS affected families.

BACKGROUND:

LifeLine Rustenburg is a non-governmental, non-profit, community-based organization, affiliated to LifeLine Southern Africa which in turn is affiliated to LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. LifeLine Rustenburg has been operational since 1991, and serves an area of approximately 200 kilometers radius. A close working relationship exits with the National Office –which is informed about projects and services run by LifeLine Rustenburg. Bi-annual consultative meetings are held and quarterly reports are submitted to the main office by LifeLine Rustenburg.

LifeLine focuses on counseling and crisis intervention services; provision of life skills and personal development training; capacity building for less established CBOs; CT (counseling and testing) and prevention activities with regards to HIV and AIDS. To date, LifeLine has implemented a CCP (community counselor project) which provides counselors to 150 health facilities in Bojanala (in partnership with Provincial Department of Health), established a non medical CT site, provide 24 hour counseling service via a national counseling line, and have provided training to numerous other organizations. Future plans for the project is to place counselors at all health facilities; supply mobile (outreach) CT; support and care to HIV-infected individuals and other affected persons; and, HIV and AIDS prevention services to rural and other under serviced communities throughout the Bojanala District of the North West province. Care and support activities will be provided through ongoing partnerships with other CBOs/FBOs with expertise in these areas.

FY 2007 funds were provided to LifeLine to work in 8 such hot spots. FY 2008 PEPFAR funding will be used to expand the number of hotspots to increase care coverage. The target groups for the Care activities messages are PLHIV located in the identified hot spots within Northwest province. A hot spot is defined as an area that has a high rate of traffic of vulnerable persons; for example, taxi ranks and the mining hostels. The LifeLine hot spots are currently located in the Bojanala region, with 2 hot spots identified in each sub-district.

ACTIVITIES AND EXPECTED RESULTS:

After initial CT services are provided, clients and/or their family members will be referred to LifeLine's sub-grantee FBOs/CBOs for ongoing care and support. Counseling and testing is the entry point to care and support. The care component will be linked to CT services. After initial testing, clients and/or their family members are referred to the nearest sub-grantee FBO/CBO for ongoing care and support.

ACTIVITY 1: Palliative Care and Support Services

The sub-partner, i.e. the FBOs/ CBOs, carry out the palliative care services. Each sub-partner provides service delivery in at least two of the five required categories i.e. clinical, psychological, spiritual care, social care and prevention services. This minimum package includes screening and referral for opportunistic infections including the provision of cotrimoxazole, screening and referral for TB, psychosocial counseling, wellness/healthy living education, monitoring and referral, home-based care, advice and assistance on welfare issues and applications for welfare grants, and hospice and end-of-life care for terminally-ill patients. Through the public health system, the North West Department of Health will provide rudimentary clinical services to PLHIV that are receiving palliative care services from the sub-grantee FBOs/CBOs. LifeLine monitors that activities are carried out as per subpartner agreements.

ACTIVITY 2: Local Organization Capacity Building

LifeLine provides capacity building to sub-partners and strengthens the referral system. The palliative care program is set-up to foster sustainability to enable the sub-partner FBOs/CBOs to receive organizational capacity building from LifeLine. PEPFAR funding will support in-service training activities conducted by four LifeLine trainers targeting members of the sub-partner FBOs/CBOs. Training consists of workshops of five days covering topics relevant to administrative and financial systems By the end of the project, these FBOs/CBOs will have the skills and expertise necessary to do fundraising for their own sustainability and to provide proficient services without the technical support of LifeLine. Peace Corps volunteers help with development, training, assessment and monitoring of the project activities.

In the above activities, to be counted as having received palliative care service, all HIV-infected clients will receive at least one clinical service and one non-clinical service and family members will receive service in at least two categories of palliative care.

These activities will contribute to 2-7-10 PEPFAR goal by ensuring PLHIV receive adequate care and support. Its efforts to strengthen referral networks also ensure PLHIV have greater access to treatment.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8253

Related Activity: 13989, 13990, 13992, 13718, 16088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8253	8253.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	$155,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13989	8271.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
13990	8252.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$100,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
13992	8255.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,040	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4094.08	**Mechanism:**	N/A
Prime Partner:	Research Triangle Institute	**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:	6547.08	**Planned Funds:**	$1,455,000
Activity System ID:	13947		

Activity Narrative: PEPFAR funds were allocated to the Research Triangle Institute (RTI) in FY 2007 to improve care provided to victims of rape, through the establishment of seven new Thuthuzela Care Centers (TCCs). These multi-disciplinary centers provide comprehensive care services to women and children rape survivors, including post-exposure prophylaxis (PEP), HIV and AIDS counseling and testing, and referral to HIV care and treatment services. These centers also assist men and boys, who are increasingly becoming victims of rape. In FY 2008, funds will no longer be provided to RTI as the ceiling of this contract can not be increased. This activity will be re-competed and the RFP will be issued by December 2007.

This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. Therefore there is no need to continue funding this activity with FY 2008 COP funds.

SUMMARY:

The goal of this project is to improve care provided to victims of rape and sexual violence by establishing or upgrading a network of operations for Thuthuzela Care Centers (TCCs) nationwide. These multi-disciplinary centers, piloted by the Department of Justice and Constitutional Development (DoJCD) South African Government (SAG) provide comprehensive services to women and children rape or assault survivors. These centers also assist girls and boys who are increasingly becoming victims or perpetrators of rape. Activities include support to strengthen the HIV-related clinical, psychological, social, and preventive care services at the TCCs for rape victims in all provinces. Populations served are adults and children, PLHIV, health care workers and caregivers. The major emphasis area is training with minor emphasis areas in information, education and communication, commodity procurement, referral systems, linkages with other sectors and initiatives, and local organization capacity development. This is the second year of support to the TCCs. Thuthuzela means "to comfort" in isiXhosa. Target populations will include infants, girls, boys, men, women, doctors, nurses and pharmacists as well as the TCC core team that staffs each center. Commodities to be procured include rape kits, medical equipment, and comfort kits.

BACKGROUND:

This project is a continuation of work supported through PEPFAR funds since FY 2006. The program started by evaluating and upgrading existing TCCs in keeping with the National Department of Health's (NDOH) National Management Guidelines for the Care of Rape Victims. In FY 2008, this project will focus on maintaining established TCCs in provinces where they do not currently exist and in other locations where need is identified. This activity is linked to the USAID Governing Justly and Democratically (GJD) office's program to support the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA) of the Department of Justice and Constitutional Development in its endeavor to eradicate all forms of gender-based and sexual violence against women and children, especially the crime of rape. The DoJCD/NPA/SOCA Unit has responded to the ongoing problem of sexual offences, and specifically rape, in the country by seeking to upgrade and expand the TCC network from 10 to 80 TCCs nationwide. The TCCs are a bold approach to rape prevention, care and treatment for victims of sexual violence and assault involving the health, justice, and civil society sectors in this endeavor. This project will advance the Women's Justice and Empowerment Presidential Initiative (WJEI) which seeks to establish or upgrade at least 30 TCCs to help the SAG achieve its goal of 80 TCCs nationwide. For victims of rape, the benefit of being assisted through a TCC is that the rape survivor can obtain all of the services needed at a single location, including medical assistance, access to justice by working with the local police and prosecutors, and access to counselors and emergency support services. Most TCCs are located within hospitals or near health care facilities, where there is a growing recognition of the links between violence against women or children and HIV and AIDS. The risk of HIV infection is a very real possibility with rape. Perpetrators seldom use condoms, placing the vast majority of women and children who are victims of this crime at risk.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening HIV care in the TCCs

Using FY 2008 PEPFAR funds, a partner TBD will continue to support DOJCD/NPA/SOCA efforts to enable the TCCs to improve the quality of basic HIV-related clinical, psychological, social and preventive care services offered by the TCCs for rape victims with an emphasis on women and children rape victims. The TCCs offer a place of refuge and comfort for raped women and children, with an aim to reduce secondary victimization suffered by rape victims by ensuring that the crime reporting process, medical examination, initial counseling, quality of HIV-related care services are all done in one place on a 24-hour basis. Care services that will be provided include counseling and testing, disclosure support, post exposure prophylaxis, gender-based violence screening, quality and supportive medical examination, psychological care and counseling by trained providers, personal hygiene, screening for pain and symptoms and HIV-related conditions such as opportunistic infections and provision of shelter and comfort measures. Qualified health care workers will also provide messaging on HIV prevention and counsel and refer for the provision of CD4 testing, ART, OI prevention and treatment (including cotrimoxazole prophylaxis, and TB care), nutritional care and appropriate child survival and child care interventions (growth monitoring, child-specific nutritional care, immunizations). The program will provide legal counseling, program linkages for the legal protection of women and children and follow-up legal advice. A particular program emphasis is ensuring that women's legal rights and child protection is promoted and protected.

ACTIVITY 2:

Using FY 2008 PEPFAR funds, a partner TBD will continue to support DOJCD/NPA/SOCA efforts on training of medical officers (doctors, nurses and pharmacists) on how to provide PEP. Site coordinators and Victim Assistance Officers (VAOs) will receive training on how to educate victims on compliance with PEP as well as training and technical assistance to site coordinators who manage the multidisciplinary team. Each rape victim will be encouraged to test for HIV. If the rape is reported within 72 hours, the rape survivors who test negative will be provided with PEP. They will be placed on PEP for 28 days and tested again for sero-conversion at 3 months and again at 6 months. They will be supported by TCC staff or affiliated CBOs and NGOs to ensure compliance with medication as well overall well-being. Rape victims who test positive for HIV will be given appropriate counseling and will be referred to the nearest government

Activity Narrative: treatment site for further counseling, care and Antiretroviral Treatment (ART) when necessary. This project will be sustainable beyond the provision of PEPFAR funds, as the SAG will continue to support the TCC system and incorporate operating funds for the TCCâ€™s system in the national budget.

These activities will contribute to PEPFAR goals of providing palliative care to 10 million HIV-infected individuals and their families, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7541

Related Activity: 13946, 13793, 21158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23050	6547.23050.09	U.S. Agency for International Development	Research Triangle Institute	9884	4094.09		$789,680
7541	6547.07	U.S. Agency for International Development	Research Triangle Institute	4457	4094.07	Government Projects	$1,500,000
6547	6547.06	U.S. Agency for International Development	Research Triangle Institute	4094	4094.06	Government Projects	$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13946	6545.08	6664	4094.08		Research Triangle Institute	$388,000
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
21158	21158.08	6664	4094.08		Research Triangle Institute	$242,500

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,930	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,065	False

Indirect Targets

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**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:	12354.08	**Planned Funds:**	$485,000
Activity System ID:	13954		

Activity Narrative: SUMMARY:

The Johns Hopkins University/Center for Communication Programs (JHU/CCP), coordinates the work of 20 South African partners, provides technical assistance and capacity building to prevent HIV and AIDS through a comprehensive HIV prevention program that addresses risky behaviors and the key drivers of the epidemic in the general population through mass media and social mobilization. Three partners working across South Africa will support efforts around palliative care. The target populations are: youth, adults, people living with HIV (PLHIV), religious leaders, teachers, public health workers, and community, faith-based and non-governmental organizations.

BACKGROUND:

This is the second year that JHU/CCP will undertake strategies using community-based mobilization in support of palliative care. Their approach recognizes the need to mobilize communities to provide care and support for people living with HIV and their families throughout the continuum of illness. To achieve this, medical practitioners and community-based organizations need to be capacitated so that they can respond appropriately to the needs of patients.

ACTIVITY 1: Community Mobilization and Support for Palliative Care

Community Health Media Trust (CHMT), with PEPFAR funding, has developed a series of video and print materials for people affected by and living with HIV, their caregivers and communities. PEPFAR funding assists CHMT in the updating and community rollout of the series on palliative care including opportunistic infections that will be used in group sessions and workshops. CHMT has 92 Treatment Literacy and Prevention Practitioners (TLPPs), (72 funded by PEPFAR and 20 by the National Department of Health (NDOH)), that train and mentor community-based organizations to use their treatment literacy materials and provide training and counseling to organizations of PLHIV on palliative care. This intervention has received National Department of Health (NDOH) accreditation. TLPPs also work with PLHIV within health care sites to provide advice and guidance on palliative care that will be broadcast through Mindset's patient channel at 400 health facilities.

The Mindset Health Channel (MHC) provides direct information to health clinics, targeting patients in waiting rooms with general information, and healthcare providers with technical and training information. To broadcast current and accurate information on palliative care, JHU/CCP continues its collaboration with MHC which, at the beginning of FY 2008, will be in more than 400 health facilities. Existing material will be revised and updated, including treatment videos, web content and print materials in up to five languages for healthcare workers at these sites. Materials developed through previous PEPFAR funding will be updated as national guidelines and protocols change. CHMT TLPPs spend half their time with patients in ARV rollout sites and downstream referral sites that have the MHC. Both Mindset and CHMT material have been developed through public-private partnerships including business (MTN, Liberty Foundation and Sunday Times) as well as assistance from government and parastatals (e.g. NDOH, SABC).

DramAidE utilizes Health Promoters In 23 Tertiary institutions in South Africa to provide information on palliative care and support, including the treatment of opportunistic infections for tertiary students living with HIV through the HIV support groups that they manage on tertiary campuses using the treatment literacy series developed by CHMT.

The Valley Trust, working in KwaZulu-Natal, promotes and provides palliative care including clinical, social, psychological care and prevention services to persons in need in the rural areas of KwaZulu-Natal through its 15 mobile clinic sites and one fixed site. They train clinical personnel and peer educators in palliative care using the treatment literacy series developed by CHMT that addresses the continuum of care and support, including treatment for opportunistic infections as well as cotrimoxazole prophylaxis that will support vulnerable women and mine workers.

Lesedi Lechabile and Mothusimpilo have 11 and 20 mobile clinics respectively, working in the mining areas of the Free State and the North West Provinces that provide palliative care to persons living with HIV through their mobile clinic sites. They train their clinical personnel and peer educators in palliative care using the treatment literacy series developed by CHMT that addresses the continuum of care and support including treatment for opportunistic infections that will support vulnerable women and mine workers.

Lighthouse Foundation trains its Peer Educators and Community Facilitators to work in the 13 informal settlements in the Madibeng District of the North West Province to incorporate palliative care including the treatment of opportunistic infections into their community outreach, comprising door to door campaigns and their HIV support group based on the treatment literacy series developed by CHMT.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12354

Related Activity: 13965, 13952, 13953, 13964, 13955, 13956, 13957, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23077	12354.23077.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$799,055
12354	12354.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$250,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	30,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5,000	False

Indirect Targets

Through undertaking community mobilization and preparedness concerning the management of HIV, including providing palliative care within the context of treatment literacy, this activity will contribute towards ensuring that greater numbers of persons in need of palliative care are able to access palliative care in a timely manner. A study that will investigate the manner in which task shifting the management of people living with HIV in health centers and tertiary institutions from health care workers to TLPPs and HPs will contribute towards improved care and support for people living with HIV.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4749.08	**Mechanism:**	N/A
Prime Partner:	Ingwavuma Orphan Care	**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:	8244.08	**Planned Funds:**	$300,000
Activity System ID:	13983		

Activity Narrative: SUMMARY:

Ingwavuma Orphan Care (IOC) activities are carried out to expand the current home-based care project through recruiting and training of lay caregivers and to provide medical support in the way of hiring and training nurses and provision of medical supplies.

BACKGROUND:

This project started in 2002 and was expanded in 2003 to include additional patients and caregivers. IOC is a member of the Hospice and Palliative Care Association (HPCA) and has benefited indirectly from PEPFAR through mentoring and support of the HPCA medical director and professional nurse. IOC became a PEPFAR partner in FY 2007. The project works closely with Mosvold Hospital and its clinics in KwaZulu-Natal, with referrals in both directions. The hospital supplies the project with drugs, food and nursing supplies. The project is also partially funded by the provincial Department of Health/European Union Partnership. Most of the caregivers are women and the project provides them with education and a regular income. Male caregivers provide good role models to show that men can also be caring and look after the sick.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Improving/Expanding Health Services

IOC will use PEPFAR funding to continue to improve and expand its health services. IOC employs three nurses, a chaplain to offer spiritual support and 25 paid caregivers. All staff are paid adequately and care is taken to provide good working conditions in order to retain staff in this remote rural area This project offers pre-employment and in service training and employment for volunteers, all of whom are affected by HIV, as home-based caregivers. The home-based caregivers live in their own communities spread across 2,100 square kilometers of the health district. They work in teams of 1-4 caregivers plus several local untrained volunteers. They visit people who are ill, providing basic nursing care and ensuring delivery of the elements of the preventive care package that includes: psychological, social and spiritual care. Family members are taught basic nursing techniques and about hygiene and nutrition. The caregivers distribute items such as gloves to promote infection control. If they suspect that a patient is HIV-infected, they will counsel them about the need for testing and encourage disclosure and testing of the whole family. Clients who test positive are then referred to the nearby local Department of Health (DOH) clinics and hospital for administration of ARVs. Caregivers follow up on referrals to ensure that patients have received the necessary care and understand medication instructions. Effort will be made to ensure equitable access to care services for both men and women. The teams of caregivers are visited by the nurses and chaplain 1-4 times a month ensuring the delivery of elements of the basic care package. The nurses and chaplain, together with the caregivers, then visit the clients needing specialized care. The nurse carries a basic supply of drugs, including cotrimoxazole, pain medication and treatment for opportunistic infections. Nurses collect sputum samples if TB is suspected and deliver the samples to the nearest clinic for analysis. If the results are positive, the clients are referred to the DOH clinic for DOTS. The chaplain visits clients who request spiritual support. The project also advocates to government sources for HIV-affected families who do not have enough food. The open and caring attitude of the caregivers helps to reduce discrimination and stigma against those who are HIV-infected. The caregivers counsel relatives and neighbors who exhibit discriminatory behavior against the clients. Vulnerable children in the families are identified and referred to the OVC branch of the project. Bereavement support is provided, if necessary. PEPFAR funding will allow the project to employ nearly twice as many trained home-based caregivers, which will result in nearly twice as many patients receiving care. It will also contribute to the support of the clients through medical personnel and medical supplies. This funding enhances the support already given to the project through the DOH, which contributes to some of the existing caregivers' salaries and project running costs. The project will aim to recruit volunteer nurses from the United States to assist with ongoing supervision and in-service training of the lay caregivers. FY 2008 activities will be expanded to ensure that the entire catchment area of Mosvold Hospital is provided with palliative care. Quality of care will be further improved to provide the basic care package to encompass clients who are HIV-infected but asymptomatic.

ACTIVITY 2: Caregiver Training

The main objective of the training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. Lay caregivers are trained by a former home-based caregiver, who is assisted by the nursing staff, paralegals, a social worker, and other staff. Subjects covered in the training include HIV counseling, basic nursing, TB and ARV support, screening for pain and symptoms and methods of encouraging clients to start and continue taking ARVs or TB medication properly. Volunteer caregivers will be trained at IOC's training center, doing their practical training at Mosvold Hospital. This 56-day training is in line with the South African DOH guidelines for home-based caregivers. At the end of the training these caregivers could be employed by the project to further extend the reach of home-based care support, funds permitting. FY 2008 activities will be expanded to include training of all staff in the basic care package. New caregivers will be recruited and trained to provide services in areas which are currently uncovered. PLHIV will be trained to implement the basic care package.

ACTIVITY 3: Renovation of training center and expanded office facility

The purpose of this activity is to renovate buildings at a new office complex which will allow the integration of all the activities of Ingwavuma Orphan Care at the geographical center of the area in which it works. A run down building requires extensive renovation to convert it into some offices and storage area for PEPFAR-funded staff. Current offices were built to accommodate 7 staff while by 2008 there will be around 30. The current offices will be converted to a full time training center, providing much needed infrastructure and services in the area. The training center will be used by the organization to train staff, volunteers and community members for many of the PEPFAR-related activities. Changes to the building will include landscaping the grounds and purchasing appropriate furniture. Funding for renovation is expected to cost no more than 10% of funding for this program area.

ACITVITY 4: Support Groups

Activity Narrative: Support groups will be formed to better provide the basic care package. Support groups will be strengthened throughout the health district. Support groups are aimed at mixed groups of men and women who are HIV-infected. There are separate groups which target children and their caregivers. Groups meet once a month. Groups are led by caregivers, especially those who are HIV-infected themselves, but members of the groups are encouraged to take the lead over time. This will be a place where the basic care package is implemented as well as integrated prevention strategies. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals.

In the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

These results contribute to the overall PEPFAR objectives of 2-7-10 by increasing the number of people trained as home-based caregivers, increasing the number of people receiving palliative care, and increasing the quality of palliative care services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8244

Related Activity: 13987, 13984, 13988, 13362, 13798

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23169	8244.23169.09	U.S. Agency for International Development	Ingwavuma Orphan Care	9929	4749.09		$240,105
8244	8244.07	U.S. Agency for International Development	Ingwavuma Orphan Care	4749	4749.07	New APS 2006	$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13987	13987.08	6676	4749.08		Ingwavuma Orphan Care	$125,000
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
13984	8245.08	6676	4749.08		Ingwavuma Orphan Care	$600,000
13988	13988.08	6676	4749.08		Ingwavuma Orphan Care	$100,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4625.08	**Mechanism:**	N/A
Prime Partner:	McCord Hospital	**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:	7912.08	**Planned Funds:**	$729,180
Activity System ID:	14007		

Activity Narrative: SUMMARY:
The McCord Hospital/Zoë-Life (MZL) activities in this area will build capacity in four municipal clinics, three NGOs, and businesses in Durban, KwaZulu-Natal, to provide a comprehensive range of care and support services for HIV-infected clients and their families. These services will be available to adults and children from the time of CT, and will support sustained care services for clients not on ART as well as those receiving treatment. Services will extend to end-of-life care with referral linkages to community-based care services where available. Emphasis areas include community mobilization (church or community groups) to augment spiritual and psychosocial services; development of linkages and referrals, particularly with regard to end of life, spiritual support and community-based care; human resource development with regard to training, mentorship and supervision of staff to provide sustainable services; organizational capacity development by training key personnel to manage sustainable palliative care systems at each site; and quality assurance and improvement through the development of an integrated monitoring and evaluation (M&E) system. The primary target groups are the general population; refugees and asylum seekers; and the private sector.

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program focuses on strengthening the capacity of public sector facilities, and is distinct from EGPAF's hospital-based program.

BACKGROUND:
This project seeks to address health seeking behavior by helping communities access comprehensive HIV care proactively in a primary health setting, encouraging HIV-infected individuals and their family members to access care as early as possible, and in so doing emphasize sustained wellness, quality of life and productivity for as long as possible. Palliative care services offered by a multidisciplinary team will play an integral part in this health behavior change model of care and improve palliative care services within the context of both an HIV care program and ARV services. Clinical services will be nurse-led, with only complex clinical issues referred to a clinician or secondary level facility. The emphasis on care services will promote screening for pain and symptoms, prophylaxis and prompt treatment of opportunistic infections (OIs), integration prevention services including prevention with positives, with well established systems for tuberculosis (TB) screening and treatment. Psychosocial services are essential to promote early engagement with health services, family-centered care, and the chronic health model. Increasing access to care and treatment for men is a critical gender issue for the success of this program. This will be addressed through access to couple counseling, family-centered services and mobile services offered in the workplace to employed men (and women). This project is supported by both municipal and provincial government. All protocols followed will be in line with the provincial treatment guidelines, and outcomes of the program will be reported monthly and quarterly to the eThekwini municipality (Durban) as well as to the KwaZulu-Natal Department of Health (KZNDOH).

ACTIVITES AND EXPECTED RESULTS:
The areas of legislative interest addressed in this program area are increasing gender equity as described in the summary above, and increasing women's access to income and productive resources through linkages with the three NGO income-generating programs.

ACTIVITY 1: Human Capacity Development
This activity will focus on training multidisciplinary teams in each site to provide comprehensive palliative care services. Clinical staff will be trained to provide prophylaxis, screening and treatment for opportunistic infections; training of counselors, community workers and spiritual supporters to provide augmented counseling and support services to adults and children.

Clinical and psychosocial staff will support and mentor staff to develop skills and confidence to provide the following services: couple counseling, psychosocial support for children, family-centered counseling, wellness literacy for adults, children and caregivers, clinical care (including screening and prophylaxis of OIs) and treatment of primary health level OIs.

ACTIVITY 2: Psychosocial services
MZL will establish community linkages to strengthen community referrals and to utilize existing community-based psychosocial services (such as home-based care, church-based counseling and support groups).

MZL will develop and implement sustainable psychosocial support services, including a support group for children at two clinics and one NGO site.

ACTIVITY 3: Monitoring and Evaluation
MZL will develop a monitoring and evaluation (M&E) system for palliative care services for use in quality improvement and capacity building at local and provincial level.

ACTIVITY 4: Care services for refugee and asylum seekers
MZL will provide appropriate palliative care services for refugees and asylum seekers in the Durban central area in collaboration with the United Nations High Commission for Refugees (UNHCR) and KHWEZI AIDS Project. These services will be provided in French and Swahili. Palliative Care services for HIV-infected clients and their families, adults and children from the time of testing, and will support sustained care for clients not on ART as well as those receiving treatment, and includes: psychosocial support services (patient HIV literacy, psychosocial assessments, augmented counseling, interventions and appropriate referral); initial care screening: WHO staging, CD4 screening, TB screening, pregnancy tests; basic primary health care: screening for pain and symptoms, prophylaxis and prompt treatment of opportunistic infections (OIs), treatment with clinic level drugs from a limited formulary and referral for more complex medical problems; care support: CD4 counts at regular, designated, appropriate intervals, support groups, spiritual support, health education updates.

Services will extend to end-of-life care with referral linkages to community-based care services where available.

ACTIVITY 5: Mobile services
A range of onsite palliative services will be provided for employees in industry who do not have access to medical aid. PEPFAR will fund staff to provide mobile onsite services such as counseling, wellness literacy,

Activity Narrative: CD4 count monitoring, screening, prophylaxis and treatment for OIs where possible and integrated prevention services including prevention with positives. Drugs and laboratory tests will be supplied by the KZNDOH.

Sustainability at the municipal clinic sites will be addressed by assisting sites to become accredited with the KZNDOH, and thus making all direct costs of maintaining a quality palliative care service the responsibility of the KZNDOH. This project will build capacity in these sites to effectively manage the program without ongoing technical assistance. The NGO sites will be assisted to build infrastructure and referral networks to ensure sustainability of services. The long-term plan for the NGO sites is to build strong relationships with nearby clinics with the intent of building clinical capacity to take over the clinical aspects of palliative care services. This project will later build capacity with these institutions to become accredited sites. Staff will assist the NGOs to source alternative funding. The services for workers in an industrial setting will be co-funded by industry.

NEW ACTIVITIES for FY 2008:

1.Staff at the clinics and NGOs as well as community-based organizations will be trained to provide nutritional assessments and counseling, and to link eligible clients with nutritional support. This entails accessing nutritional supplementation available from the KZNDOH, as well as infant feeding supplementation included in the PMTCT program.

2. Additional training will be provided at community level to assist with TB and other OI screening and referral.

3. Linkages with social services, home-based care and community-based services will be strengthened to ensure sustainable food security and follow up

PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

With FY2008 reprogramming funds, MZL will undertake a basic program evaluation focused on expanded HIV testing and linkage to care. While McCord has focused on retention in care of HIV-infected patients who have already initiated ART, data suggests that substantial numbers of HIV-infected persons never reach care following the HIV diagnosis. The currently proposed program evaluation will focus on determining the success of linkage to care of patients along the pathway from being offered an HIV test to beginning and maintaining care at McCord and St. Mary's Hospital (a collaborating partner). The evaluation will identify socio-demographic and clinical factors that correlate with patients who are most likely not to be in care 12 months after a new HIV diagnosis. In addition, the two sites will also develop, pilot, and evaluate a multifaceted, supportive intervention to improve linkage to HIV care for HIV-infected individuals at McCord and St. Mary's. The pilot intervention will provide insight into the feasibility, efficacy, and cost of preventing pre-treatment loss to care in these settings. Insights from this evaluation will enhance both the McCord Hospital-based HIV testing program as well as strengthen linkage to HIV care at its primary clinic sites.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7912

Related Activity: 14006, 14008, 14009, 14010, 14011, 13764

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23185	7912.23185.09	HHS/Centers for Disease Control & Prevention	McCord Hospital	9935	4625.09		$734,975
7912	7912.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$380,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14006	7906.08	6683	4625.08		McCord Hospital	$649,640
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
14008	7910.08	6683	4625.08		McCord Hospital	$167,810
14009	7907.08	6683	4625.08		McCord Hospital	$204,670
14010	7908.08	6683	4625.08		McCord Hospital	$591,000
14011	7909.08	6683	4625.08		McCord Hospital	$570,360

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,468	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1235.08 **Mechanism:** Small Grants Fund

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3117.08

Planned Funds: $300,000

Activity System ID: 13921

Activity Narrative: SUMMARY:

The Ambassador's HIV and AIDS Small Grants Program in South Africa will use PEPFAR funds to continue to support South Africa's most promising small community and faith-based organizations making significant contributions to the fight against HIV and AIDS. Major emphasis areas are commodity procurement and human resources. The activities target PLHIV and their families and caregivers, community volunteers, CBOs and FBOs.

BACKGROUND:

The Ambassador's HIV and AIDS Small Grants Program in South Africa (Small Grants) has had three tremendously successful years. Out of over 1,000 applications, the South Africa Mission has entered into agreement with 237 small community-based organizations (FY 2005, FY 2006, and FY 2007) in the areas of prevention, hospice care, home-based care, treatment support, and care for orphans and vulnerable children. Funded projects are located in nine provinces, primarily in disadvantaged rural areas. The average funding amount is approximately $10,000. Programs supported with Small Grants funds provide service delivery that directly impacts communities and people affected by HIV and AIDS. The USG PEPFAR Task Force is increasingly linking community and faith-based organizations funded through Small Grants with larger PEPFAR partners and South African Government departments to build capacity and ensure project sustainability. Small grants projects generate positive publicity for PEPFAR and goodwill in communities. The Mission has established guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: improvement of basic conditions at the community level; benefit a substantial number of people in the community; be within the means of the local community to operate and maintain; and quick implementation of grant within one-year agreement period. Grants must conform to the PEPFAR Small Grants Guidelines. Projects are reviewed by a technical Mission Health Committee and supervised through the Embassy and each Consulate General by State Department Small Grants Coordinators. Based on experience in FY 2005, FY 2006 and FY 2007, the USG PEPFAR Task Force anticipates the strongest applications for FY 2008 will be in the areas of (1) care, particularly hospice and community-based care, and (2) orphans and vulnerable children.

ACTIVITIES AND EXPECTED RESULTS:

The next round of applications and approvals for Small Grants has begun (with anticipated FY 2008 funding). Given three successful years of the program, the USG PEPFAR Task Force expects to fund approximately 30 community and faith-based organizations that will assist HIV-infected individuals and their families with clinical and physical care, psychological care, spiritual care and social care, as well as elements of the preventive care package for adults and children. Anticipated activities include the provision or referral for psychosocial support and household support including assistance with house cleaning, cooking, feeding and changing of linens. Some Small Grants grantees will be involved in pain and symptom recognition and referrals to health care facilities as necessary. Referral for counseling and testing, treatment and ARV services will also be part of the care package. For organizations working in home-based care, the use of preventive measures such as the use of gloves, will also emphasized. Grantees will message and mobilize for cotrimoxazole prophylaxis, screening for TB, and referral for appropriate opportunistic infection management. Grantees will make and effort to ensure equitable access to care services for both males and females and advocate for increased participation by men in service delivery.

ACTIVITY 2: Monitoring of Small Grants
The Small Grants Program monitors grantees on a regular basis to ensure financial and technical compliance as well as to review organizational capacity to adequately implement the program.

These activities support the South Africa Mission's Five-Year Strategy by providing support to and building capacity in small local organizations working at the community level. These activities also contribute to the PEPFAR goals of providing care and support to 10 million HIV-affected individuals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7478

Related Activity: 13922, 14507, 14508, 14509, 13923

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22667	3117.22667.09	Department of State / African Affairs	US Department of State	9753	1235.09	Community Grants	$330,000
7478	3117.07	Department of State / African Affairs	US Department of State	4433	1235.07	Small Grants Fund	$200,000
3117	3117.06	Department of State / African Affairs	US Department of State	2716	1235.06	Small Grants Fund	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13922	3118.08	6653	1235.08	Small Grants Fund	US Department of State	$1,000,000
13923	8481.08	6653	1235.08	Small Grants Fund	US Department of State	$246,613
14507	14507.08	9386	9386.08	ICASS	US Department of State	$53,387

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	700	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	1071.08	**Mechanism:**	N/A
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	3106.08	**Planned Funds:**	$150,000

Activity System ID: 13926

Activity Narrative: SUMMARY:

Peace Corps Volunteers (PCVs), who work in civil society organizations (CSOs) that focus on home-based care and that address stigma and discrimination against those with HIV and AIDS, are assigned to the Community HIV/AIDS Outreach Project (CHOP). PEPFAR funds will be used to train these CHOP PCVs and their counterparts in (a) organizational capacity building-that is the strengthening of organizational and human capacity (b) PLHIV caregiver support-that is enabling them to meet the physical and psychosocial needs of those living with HIV and AIDS and (c) empowering CSO employees and HBC volunteer workers to address stigma, discrimination, and gender-based violence. CSO employees and HBC volunteer workers, who work with PLHIV caregivers, are the primary target populations for the PCVs and their counterparts. PCVs and their counterparts may also provide direct outreach to caregivers of PLHIV. PCVs will be primarily placed in the rural areas of North West, Limpopo, Mpumalanga and KwaZulu-Natal provinces. Funds requested in FY 2008 will cover the costs of training of PCVs and their counterparts and, through the VAST mechanism, the training of CSO employees, HBC volunteer workers and PLHIV caregivers.

BACKGROUND:

To date, the program in South Africa has relied primarily on PEPFAR-funded PCVs assigned to the (previous) NGO Capacity Building Project. Although the FY 2007 program still utilizes PEPFAR-funded PCVs, beginning in FY 2008 there will be no PEPFAR-funded PCVs and instead PCVs and their counterparts assigned to the (now) Community HIV/AIDS Outreach Project (CHOP) will be encouraged to be involved in training and outreach activities that will enable PLHIV caregivers, HBC volunteers and CSO employees to meet the needs of PLHIV and to address HIV/AIDS stigma, discrimination and gender-based violence.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 40 CHOP PCVs and their counterparts will devote more than 50% of their time to training PLHIV caregivers, CVO employees, and HBC volunteer workers in ways of addressing the needs of PLHIV and addressing stigma, discrimination and gender-based violence. While these PCVs and their counterparts will still be engaged in organizational capacity building assistance, they will be encouraged to become more actively involved in the above issues. In FY 2008 the program will not place PEPFAR-funded PCVs and instead will rely on the use of PEPFAR-funded staff to train and engage all CHOP PCVs in palliative care and stigma, discrimination and gender-based violence reduction.

ACTIVITY 1:

In FY 2008, approximately 40 PCVs and 40 counterparts will receive training in meeting the physical and psychosocial needs of those living with HIV and AIDS, using internationally and locally produced materials. The training will provide skills and knowledge in counseling (e.g. dealing with self-stigma on the part of PLHIV and the negative attitudes of others), physical care (e.g., helping PLHIV in bathing, eating, dressing, using the toilet), household assistance (e.g. cleaning, cooking, shopping, running errands, gardening) and legal and financial assistance (e.g. government health grants).

ACTIVITY 2:

Approximately 40 PCVs and 40 counterparts will receive training in addressing stigma, discrimination and gender-based violence, using internationally and locally produced materials. The training will focus on combating physical violence directed against PLHIV, particularly HIV-infected women, (e.g. punching, kicking), psychological intimidation (e.g. threats to harm a woman's children, destruction of favorite clothes or photographs, repeated insults meant to demean and erode self-esteem, forced isolation from friends and relatives, threats of physical abuse), and financial punishment (relatives taking away property after the death of a husband, a husband limiting or forbidding access to his income).

ACTIVITY 3:

Approximately 40 PCVs and 40 counterparts will train 100 CSO employees, HBC volunteer workers and PLHIV caregivers in topics addressed in Activity 1 and Activity 2 above, using the PEPFAR VAST mechanism to fund the training. Their activities are also closely aligned to the South African government strategies in each of the provinces in which PCVs work. NOTE: PCVs involved in this program area are part of the population of PCVs who are required to participate in Activities 2 and 4 described under the prevention program area. CHOP PCVs in this program area are part of the population of PCVs who may participate in Activity 3 described under the prevention program area.

These activities will contribute to the PEPFAR goal for reaching 10 million HIV-infected and affected individuals with care through the provision of training and capacity building.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7501

Related Activity: 13925, 13927, 13928, 14514, 14515, 14516, 13929

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22661	3106.22661.09	Peace Corps	US Peace Corps	9750	1071.09		$93,000
7501	3106.07	Peace Corps	US Peace Corps	4445	1071.07		$313,800
3106	3106.06	Peace Corps	US Peace Corps	2712	1071.06		$104,965

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13925	3797.08	6655	1071.08		US Peace Corps	$290,000
13927	3107.08	6655	1071.08		US Peace Corps	$290,000
13928	3798.08	6655	1071.08		US Peace Corps	$20,000
13929	6367.08	6655	1071.08		US Peace Corps	$113,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	1,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Indirect Targets

The strengthening of 12 service outlets and the training of 100 CSO employees, HBC volunteers and PLHIV caregivers will enhance the care provided to 1000 PLHIV.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Limpopo (Northern)
Mpumalanga
North-West
KwaZulu-Natal
Northern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4103.08	**Mechanism:**	World Vision
Prime Partner:	World Vision South Africa	**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:	12355.08	**Planned Funds:**	$194,000
Activity System ID:	13907		

Activity Narrative: SUMMARY:

World Vision (WV) is expanding OVC care activities by increasing the coverage, scope, and quality of services to family members of HIV-infected individuals and older OVC. Emphasis areas are community mobilization, training, and development of linkages and referral systems. The target populations are people living with HIV and AIDS.

BACKGROUND:

World Vision is a non-profit organization established in 1967 working in 14 Area Development Programs (ADPs) in six provinces of the country, reaching over 42,000 children with holistic development support. World Vision has already identified and is providing community-led support to 4,439 OVC in these ADPs. With PEPFAR funding this number will be increased to 17,500 children through the OVC project. For this project, the target will be to address the needs of primary caregivers of OVC and older OVC which are not covered by OVC funding. By working with community partnerships through their Community Care Coalitions (CCC) model, World Vision enhances their ability to prevent, mitigate and alleviate the impact of HIV and AIDS. Care at the home and community level is a strategy within the South African Government National Strategic Plan.

World Vision will continue to strengthen access to integrated services as a part of a comprehensive care package for PLHIV and their families in Free State, Limpopo and Eastern Cape provinces, with expansion to at least 2 ADPs in Kwazulu-Natal province. The activities reinforce and expand services provided by Community-based Organizations (CBOs) and government care programs, such as basic hygiene, wound care, screening for pain and symptoms, nutrition assessment and support, spiritual care and support, psychological care and promotion of the HIV preventive care package. With FY 2008 funding, World Vision will further institutionalize the program within government and CBOs, while also expanding its reach. World Vision will emphasize capacity building and local skills transfer, and assist HBC programs to develop strategies to alleviate the care burden on girls. These strategies will specifically address gender sensitive counseling, community outreach and couple counseling furthermore World Vision will ensure quality of community-based services, and identify/apply lessons learned.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Home-based care program

The majority (over 70%) of care workers (home visitors - HVs) in OVC programs are women (while two thirds of the adult beneficiaries of the current home care programs are also women. In many cases, care workers may also be recognized as traditional healers. World Vision will work to increase the involvement of men in care giving. As part of psychosocial support trainings, care workers will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills. A stipend provided to care workers and volunteers through the HBC program is an important source of household income. Regular financial training seeks to improve the capacity and economic advancement of care workers in the program. In addition to the psychosocial support training HVs will be trained on Palliative Community Caregiving by Hospice.

Trained HVs provide a minimum standard of care focusing on physical, psychological, spiritual and social interventions. In addition to sharing integrated HIV-related palliative care messages with HIV-infected individuals and their families, care workers will use a family-centered approach to client assessment. Based on the need, clients will be referred to partner clinics and hospitals for pain management, treatment of OIs including cotrimoxazole prophylaxis, family planning or other issues as observed. Home visitors will monitor referrals to ensure appropriate follow-up and ongoing care and support. All clients will be counseled on prevention with positives and family members will be referred for counseling and testing. Outreach to the community and referrals are part of the HBC activities. An additional key activity of care workers is monitoring of adherence to TB and HIV treatment. Elements of the preventive care package for adults and children are also included during interaction between the care worker and the client. Special emphasis during training will ensure HVs have a comprehensive understanding of referrals and linkages with other services, including linkages with health and social welfare sectors for grants, legal aid, micro-finance, spiritual support, CT, ARVs, and FP. With FY 2008 funding, World Vision will also seek to include bicycle transport options for care workers to further improve coverage and support.

ACTIVITY 2: Psychosocial support training

In addition to home visitors, World Vision will also continue to identify and train supervisors and group leaders to provide psychosocial support services. In districts where psychosocial support will be established, community group leaders will be trained to reach family members of PLHIV and OVC, adults, and their households through group counseling. At each site, qualified and trustworthy community members to guide support group activities will be identified. These community-based group leaders will lead weekly support sessions for the group members and conduct home visits to families of OVC. WV's Regional Psychosocial Advisor will train supervisors as well as selected World Vision staff on a training curriculum based on successful modules designed to address the particular needs of children and of adults. The training will equip supervisors to assist and support others in care of the carer. At all levels, care of the carer and care support training will focus on psychosocial interventions, including assessment, basic counseling, group facilitation, and advocacy. Complementing health and nutrition lessons, training will ensure that all trainees are able to recognize general physical as well as psychosocial health problems associated with HIV and AIDS in children, and to make appropriate referrals to Child and Family Wellness clinics, Health Centers and PHC Centers as needed.

Support group meetings led by trained group leaders using interactive and participatory techniques will be held regularly with HVs. Working with churches/FBOs, and CBOs, World Vision will invite community members to form psychosocial support groups. Group members will also be identified through assessment interviews and information provided by relevant community members. During these support group sessions, HVs and volunteers will learn to enhance coping skills to accomplish activities of daily living. Members will carry out tasks designed to enhance relationships and build self-esteem. Positive living is reinforced as group members develop emotional resilience. At the end of the project's first year, groups will be

Activity Narrative: encouraged to continue meeting, with ongoing guidance from World Vision's staff. The positive impacts of psychosocial support will extend to group members' households, and family members will benefit indirectly from the support group's second year of activities.

In all of the above activities, OVC will be counted only in the OVC program area. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services. PLHIV will receive at least one clinical and one other category of palliative care service.

These activities will contribute to the PEPFAR goal of reaching 10 million HIV-infected and affected individuals with care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12355

Related Activity: 13908, 14253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22723	12355.22723.09	U.S. Agency for International Development	World Vision South Africa	9775	4103.09	World Vision	$141,267
12355	12355.07	U.S. Agency for International Development	World Vision South Africa	4498	4103.07	World Vision	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13908	6561.08	6647	4103.08	World Vision	World Vision South Africa	$3,939,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	600	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	800	False

Indirect Targets

An estimated 600 persons will be reached indirectly through training to health care providers by World Vision.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
KwaZulu-Natal
Limpopo (Northern)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4760.08
Mechanism: N/A
Prime Partner: St. Mary's Hospital
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: 8262.08
Planned Funds: $611,100
Activity System ID: 13832

Activity Narrative: SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will implement palliative care activities that encompass human resources, training and consumables. A dedicated palliative care team will identify and provide clinical, spiritual, psychosocial, social and preventive support to the HIV-infected client and family. A hospital-wide education program will be initiated to enhance knowledge of palliative care practice. In addition a number of consumable items will be purchased to assist in managing pain and symptoms related to HIV and AIDS and ensuring comfort of people living with HIV (PLHIV). The emphasis areas of the project are related in particular to human resource support for the palliative care team, training, commodity procurement and the development of networks/linkages/referral systems. The primary target population is pregnant mothers, children, adults infected with HIV and AIDS; family members affected by HIV and AIDS and healthcare workers.

BACKGROUND:

This is a new program funded since FY 2007, although St. Mary's has received previous PEPFAR funding as a sub-partner to another PEPFAR partner, Catholic Relief Services. The project is an expansion of the current palliative care program that functions at St. Mary's Hospital. The hospital, established in 1927, serves a peri-urban/rural community of 750,000 people, a third of which are HIV-infected. The community has a high unemployment rate of around 60% and an estimated 25,000 people in the community require ART. On an annual basis approximately 3,000 of St. Mary's inpatients require palliative care support, 35,000 require palliative care, and over 2,500 patients are currently in HIV care at the hospital, who by definition fall into the category of people requiring palliative care including ART adherence support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Dedicated Palliative Care Team and Trained personnel to Ensure Delivery of Quality Services

The overall objective of this activity is to ensure that patients who require palliative care and their affected families are adequately supported in the hospital and in their surrounding communities; including clinical, spiritual, psychological, social, and prevention support. Patients and families requiring palliative care will be identified in the inpatient, maternity section, outpatient and ART clinic and hospice care settings. The need to expand to the wards dedicated to pregnant mothers is due to a high maternal death rate as a result of HIV and AIDS. The Hospital's caesarian rate is increasing due to HIV and averages around 29%. It is estimated that around 68% of the births at St. Mary's Hospital are from HIV-infected mothers. Activities to address this are described elsewhere in the COP. The HIV-related services offered by the hospital and its hospice service is based on the belief that the palliative care activity is central and automatically provides a network of services, from counseling and testing, stigma reduction, integrated preventions services, including prevention with positives, ART and adherence, counseling and support to the individual and family, end of life care, referral to other organizations and continuous education and support thereafter to all concerned. The palliative care team will work with other facility-based health providers to ensure that HIV-infected adults and children in all facility settings are either provided or referred (with follow-up) for evidence -based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, including prevention with positives, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV. The package of services also includes basic pain and symptom management and facility-based support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART). Community and home-based psychological support, stigma reduction strategies and adherence support for OI medications and ART will be provided by therapeutic counselors who are trained PLHIV, employed by the hospital that visit the patients and their families in the community. Attention will be given to increasing the gender equity in the HIV and AIDS programs, increasing male involvement in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs. In addition to care for PLHIV, therapeutic counselors and hospital staff will also expand their provision of psychological, spiritual and social support of affected family members. A complex referral network to a number of organizations, inter alia the KwaZulu-Natal Department of Health, the Ethekwini Metropolitan (Durban), other NGOs, the Highway Hospice, and the Dream Centre exists and is used on a proactive basis. A dedicated palliative care professional nurse and pastoral care worker will manage this activity, with additional involvement of other members of the palliative care multi-disciplinary team including hospital doctors and nurses, a social worker and the community outreach coordinator. The palliative care program is managed and administered via the organizational arrangements pertaining to the hospital itself and relies on a multi-disciplinary team approach for service delivery.

Training & Volunteer Engagement: The program relies on both volunteer and fulltime qualified and registered healthcare professionals who require technical support and training. St. Mary's hospice care program is a member of the PEPFAR-funded Hospice Palliative Care Association (HPCA) who is supporting St. Mary's with critical areas including staff training and clinical protocols so St. Mary's may meet the HPCA accreditation requirements essential to providing holistic quality health care to patients. In FY 2007, St. Mary's will scale up its palliative care training for all health professionals, volunteers and PLHIV therapeutic counselors involved in palliative care service delivery with training materials from HPCA and from the World Health Organization's (WHO) Integrated Management of Adolescent Illnesses (IMAI) program. All modules of IMAI will be utilized, however, the IMAI module on palliative care which will be made available to all the nursing students and staff at St. Mary's who will be directly involved in palliative care. Clinical protocols designed and approved by the HPCA are used for support and clinical services for opportunistic infections and pain assessment and management. St. Mary's has a number of partnerships with US universities and interest and support from US-based volunteers. On average, four to six U.S. volunteers will be accommodated by St. Mary's on a monthly basis (supported with non-PEPFAR funds). A relationship is currently being explored to link in with an active OVC program in the area that cares for children at drop-in centers in and around the community. St. Mary's will offer testing; counseling and treatment services; and the OVC program will provide the ongoing adherence support for the children. All palliative care support services will be offered by St. Mary's Hospital to children in care at the relevant drop-in centers

Activity Narrative: ACTIVITY 2: Commodity Procurement

Provision has been made for palliative care medications and commodities which directly improve the comfort of PLHIV, including medications for appropriate pain and symptom control (additional morphine for pain control, syringe drivers, anti-nausea medications, cotrimoxazole and other drugs for symptom control). Provision for such palliative medications and supplies are included in this activity and are vital to the overall success of the program. In addition there is a need to address some of the theatre requirements and consumables associated with caesarian section births at the Hospital. Almost 30% of all the births (150 births per month) in hospital are non elective caesarian sectional births. The primary reason for this high rate is due to the impact of HIV and AIDS in pregnant mothers. There is a steady increase in the number of maternal deaths due to HIV and very sick mothers are too weak to deliver naturally. The affect of this is the long stay of many mothers and their premature babies in the high care nurseries and palliative care medical wards, post delivery.

These activities contribute directly to the overall PEPFAR objectives of 2-7-10 as HIV-infected people will be identified, appropriately treated, cared for and supported. Family members affected will benefit directly from counseling and support within the hospital environment as well as within the community setting during home visits.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8262

Related Activity: 13831, 13834, 13833, 13798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22799	8262.22799.09	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	9795	4760.09		$291,271
8262	8262.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13831	12240.08	6626	4760.08		St. Mary's Hospital	$388,000
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13834	13834.08	6626	4760.08		St. Mary's Hospital	$194,000
13833	8264.08	6626	4760.08		St. Mary's Hospital	$1,552,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	59,760	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	224.08	**Mechanism:**	CTR
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:	2925.08	**Planned Funds:**	$1,600,500
Activity System ID:	13724		

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for Family Health International (FHI) is changing in October 2008 therefore a COP entry is being made to reflect this change in mechanism and activity number only. FHI activities under HBHC are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

SUMMARY:

Family Health International (FHI) will continue to improve access to holistic services for people living with HIV and AIDS (PLHIV) and their families by enhancing palliative care (PC) programs and strengthening links to ARV, counseling and testing (CT), family planning (FP), and other essential services. Emphasis areas are pre-service and in-service training, local organization capacity development and wraparound programs in family planning. Target populations are people living with HIV and AIDS and men and women of reproductive age.

BACKGROUND:

The FHI-supported Integrated Community Palliative Care (ICPC) model is the first public sector palliative care model at the district level funded by the South African Government with technical assistance from FHI. As requested by the Departments of Health (DOH) and Social Development, FHI provides support to both community- and facility-based PC services at the primary care and hospital level, while strengthening the linkages between PC, CT, ARV and family planning (FP) for comprehensive care and support. FHI's interventions strengthen the physical, spiritual, social, psychological and preventive aspects of PC, and leverage government resources through service networks to meet multiple care needs. Tighter links between PC, CT, ARV and FP services, in particular, afford men and women the opportunity to improve their overall quality of life through integrated services. Since FY 2005, FHI and partners trained 828 community volunteers and provided services to over 12,000 home-based care (HBC) clients in Mpumalanga and KwaZulu-Natal; trained 50 government HBC volunteers in Limpopo and Northern Cape using the Health/Welfare Sector Education and Training Authority curriculum; trained 484 health care professionals in PC; and provided support to the Johannesburg Hospital Palliative Care Team (HPCT), reaching out to more than 4,000 clients. In the communities where they are working, FHI is expanding pediatric PC services to ensure HIV-infected children are receiving appropriate care, and setting up a mobile clinic to improve access to integrated services in remote HBC programs. FHI carries out PC activities with government and community-based organizations (CBOs), including Project Support Association-South Africa (PSASA), the South African Council of Churches, South Africa Red Cross, Nightingale Hospice and Evelyn Lekganyane HBC.

ACTIVITIES AND EXPECTED RESULTS:

FHI will continue to strengthen access to integrated services as a part of a comprehensive palliative care package for PLHIV and their families in Mpumalanga, KwaZulu-Natal, Limpopo, Northern Cape and Gauteng provinces. This includes the ICPC model in 2 provinces. Effort will be made to ensure equitable access to care services for both males and females and increased participation by men will be encouraged in service delivery. The activities expand existing services that CBOs and government care programs currently provide with an emphasis on promotion of the HIV preventive care package. With FY 2008 funding, FHI will further institutionalize the program within government and CBOs, while also expanding its reach. FHI will emphasize capacity building and local skills transfer, and will also stress gender sensitivity in counseling and community outreach, promote couples counseling, and assist HBC programs to develop strategies to alleviate the care burden on girls.

ACTIVITY 1: Strengthening community-based organizations

Benefiting HBC clients, family members and caregivers in Mpumalanga, KwaZulu-Natal, Limpopo, and Northern Cape provinces, FHI will continue to work with community groups through outreach to :1) Provide technical assistance (TA) to HBC volunteers to identify PC, CT, ARV and FP needs in the household and to refer to appropriate services; 2) Leverage government and partner resources by building/strengthening formal referrals between HBC projects and CT sites, nearby ARV providers, and FP clinics; 3) Train HBC volunteers to assist clients with adherence to ARV therapy and care interventions; e.g. referral for cotrimoxazole prophylaxis and caring for caregivers; 4) Strengthen TB management and nutritional assessment, monitoring and supplements, including and referrals to government/NGO services for food parcels; 5) Support select HBC programs through financial assistance, supportive supervision TA, and reporting; 6) Provide PC training for health providers and HBC programs using the nationally accredited curriculum, and expand services to include pediatric PC as appropriate, and; 7) Conduct trainings for ARV providers on prevention with positives including FP referral for HIV-infected couples, including those on ARVs. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals.

ACTIVITY 2: Strengthening government programs

FHI will provide TA, training and financial support to four districts of Limpopo and Northern Cape. Specifically, FHI will continue to work with government to: 1) Train district-level PC health providers in pain and symptom assessment and management, TB and other opportunistic infection screening, pediatric PC, psychosocial and spiritual needs of PLHIV and affected families, PMTCT and FP counseling; 2) Implement mechanisms for quality assurance and supervision, as per standard operating procedures; 3) Conduct district-level workshops for family members, traditional healers, and local AIDS councils to promote care, support and treatment services; reduce discrimination and stigma; increase awareness of HIV-infected individuals needs; and support pediatric PC, and; 4) Strengthen referral networks between primary health care and CBO services, including linkages with health and social welfare sectors for grants, legal aid, micro-finance, spiritual support, CT, ARVs, and FP.

ACTIVITY 3: Technical assistance to Johannesburg

Activity Narrative:

HPCT FHI will continue to support the Johannesburg HPCT and other government-accredited ART sites by increasing access to pediatric PC and reinforcing the integration of HIV and FP services. Through TA to nurse managers, nurses, midwives, medical officers, coordinators and other providers in ART sites, FHI will continue to improve the capacity of Johannesburg HPCT, including strengthening linkages with community-based organizations to enhance client follow-up and contribute to identification of new clients. In addition, FHI will provide TA to strengthen prevention with positives, including increasing providers' knowledge and skills to address the FP needs of their ART clients.

ACTIVITY 4: Support to the NDOH

To guide the HIV/FP integration efforts described above, and in response to specific requests from the DOH, FHI will support National DOH (NDOH) and provincial staff in Mpumalanga, KwaZulu-Natal, Northern Cape, Limpopo and Gauteng provinces to strengthen integration of family planning and HIV services. With separate funding, FHI will help the NDOH to revise the current sexual and reproductive health curriculum to include guidelines for HIV-infected couples, including those on ARVs. In FY 2008, FHI will provide TA to the NDOH on implementing the new curriculum and integrating HIV and FP services, particularly in PC service sites. In FY 2008, FHI will continue to support NDOH and provincial staff to build on government operational plans and address gaps, including: 1) Providing mentoring and on the job training to enhance prevention with positives through integration of HIV and FP services; 2) Enhancing functional referrals between HIV and FP services; 3) Providing technical assistance to the NDOH to continue to roll out the revised sexual reproductive health (SRH) curriculum and ensure that more providers are equipped with skills to address the SRH needs of HIV-infected women and men; 4) Collaborating closely with district DOH management to strengthen supportive supervision for integrated HIV/FP services, including use of provider tools that reinforce new FP counseling skills and revision of routine monitoring forms to include FP information and indicators.

These activities contribute to the PEPFAR goal of providing care services to 10 million. The activities also support the USG strategy for South Africa by collaborating closely with the DOH to improve access to and quality of basic care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7584

Related Activity: 13722, 13723, 13728, 13737, 14645, 13725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22950	2925.22950.09	U.S. Agency for International Development	Family Health International	9838	224.09	CTR	$1,262,176
7584	2925.07	U.S. Agency for International Development	Family Health International	4476	224.07	CTR	$1,520,000
2925	2925.06	U.S. Agency for International Development	Family Health International	2633	224.06	CTR	$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
13737	2922.08	6588	218.08	Track 1	Family Health International	$928,281
14645	14645.08	6588	218.08	Track 1	Family Health International	$0
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	79	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	57,258	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,782	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	193.08	**Mechanism:**	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**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:	3805.08	**Planned Funds:**	$1,825,000
Activity System ID:	13764		

Activity Narrative: SUMMARY:

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will use FY 2008 PEPFAR funds to continue palliative care support for its existing partners in KwaZulu-Natal. The Foundation is also expanding its program activities to the Free State, North West, and Gauteng provinces. EGPAF aims to improve the quality of life for people living with HIV (PLHIV) by strengthening care and support services at facility as well as community level. The primary emphasis areas are human capacity development and expansion of services through training and task shifting, quality improvement, development of networks, linkages, referral systems and strengthening local organization, development of infrastructure, development of policies and guidelines, and health information systems strengthening. Primary populations to be targeted include PLHIV, pregnant women, OVC, and family members.

BACKGROUND:

The long-term goal of EGPAF care and support program in South Africa is to achieve optimal quality of life for PLHIV. Ongoing care and support of HIV infected individuals and their families are pivotal to their long-term wellbeing. Sites supported by EGPAF will expand their activities and partnerships with community-based leaders and organizations providing care and support to communities thus ensuring sustainable community-based care and support of HIV infected and their families. Strategies to identify family members who may or may not be infected and are in need of care and support will be explored. Project Help Expand Antiretroviral Treatment (HEART) care and support services will expand with increased geographic coverage during FY 2008. The program will focus on routine screening and treatment of opportunistic infections (OIs) such as tuberculosis (TB), ongoing adherence counseling and support, general HIV prevention, prevention with positives, nutrition and infant feeding options support, psychosocial support, as well as strengthen linkages with home-based care, orphans and vulnerable children (OVC), legal, and social welfare support systems or organizations. In their regular reporting, sites will be required to demonstrate functional networks/ linkages with existing governmental and non-governmental support services, especially (OVC), home-based care services. EGPAF utilizes Project HEART resources to complement those of the Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations(NGOs) providing health care services.

EGPAF will expand/strengthen care and support service delivery through training and task-shifting. A syndromic approach to the most common adult illnesses including sexually transmitted infections (STIs) and most opportunistic infections will be emphasized in training. EGPAF will also provide additional health care providers e.g. nurses, counselors, based on staffing needs. The provision of additional staff ensures that ongoing clinical monitoring and assessments viz. laboratory tests, nutritional assessment, screening for TB and, other OIs, cotrimoxazole prophylaxis, are conducted at all times. PLHIV as well as family members will also be utilized in treatment support to achieve optimal compliance and adherence to ART

The existing sites are:

1. McCord Hospital, Durban
2. Aids Healthcare Foundation (AHF), Umlazi, Durban
3. KwaZulu-Natal Department of Health (KZNDOH), Umgungundlovu District (Edendale and Northdale Hospitals and their feeder clinics),
4. KZNDOH, Zululand District, Vryheid, Benedictine Hospital and their feeder clinics, as well as eDumbe Community Health Centre (CHC) and its feeder clinics

New HEART partners include the remaining St Francis, Nkonjeni, Ceza, Itshelejuba, and Thulasizwe TB Hospitals and their feeder PHC clinics, in the Zululand District in KZN; all five districts in the Free State Province; two sub-districts in North West Province, as well as Eastern Ekurhuleni sub-district in Ekurhuleni District and Lesedi sub-district in the Sedibeng District in Gauteng Province.

ACTIVITIES AND EXPECTED RESULTS:

Project HEART aims to improve the quality, availability, and accessibility of care and support services.

Activities undertaken in order to achieve the program objectives include:

1. Conducting site assessments to identify gaps or needs to be addressed to increase the number of patients on palliative care. This could include minor renovations to address space constraints.

2. Improving the quality of counseling and testing by providing ongoing support to lay counselors and health care professionals.

3. Assessing quality of the program and supportive supervision to staff.

4. Providing technical assistance to enhance family-centered approach to clinical screening and opportunistic infection prophylaxis in community settings.

5. Human capacity development through training and task-shifting to improve the quality of palliative care services. This includes a syndromic approach to the most common adult illnesses including sexually transmitted infections (STIs) and most opportunistic infections will be emphasized in training. Clear instructions will be provided according to the DOH guidelines so that health worker knows which patients can be managed at the first-level facility and which require referral to the district hospital or further assessment by a more senior clinician. Preparing health workers to treat the common, less severe opportunistic infections will allow them to stabilize many clinical stage 3 and 4 patients prior to ARV therapy without referral to hospital. All patients are asked/observed for cough (to improve TB case detection) and asked about genital ulcers or sore or (in men) a urethral discharge.

These trainings enable HCW to offer appropriate prophylaxis and treatment of opportunistic infections for adults and children. They will also cover Integrated Management of Childhood Illness (IMCI). Trainings will also cover appropriate referral to and linkages with provision of antiretroviral therapy for eligible patients, including both adults and children.

Activity Narrative:

6. Providing M&E support with a focus on strengthening data management systems to enhance routine program monitoring, improve data quality and facilitate data use.

7. Developing/ strengthening linkages and referral systems with community-based government and non-government support services namely, home-based care, OVC, social welfare and support groups, or other primary health care services like PMTCT and TB care.

8. Screening and treatment of opportunistic infections e.g. TB screening, INH and cotrimoxazole prophylaxis).

9. Nutritional support including infant feeding options support

In FY 2008, the HEART program will increase the percentage of HIV-infected patients with palliative care by 30%. EGPAF plans to embark on a growth strategy - building on the experience and success achieved in FY 2007. This growth in patient numbers will be achieved through a combination of expanding the efforts of existing HEART programs, forming alliances with new sub-partners, and supporting the efforts of South African Government Departments of Health at provincial and district level.

By supporting HIV care and treatment services, EGPAF contributes to the 2-7-10 goals of PEPFAR and the USG South Africa Five-Year Strategic Plan.

With FY08 reprogramming finds, EGPAF will scale up, raise awareness and champion the need for early initiation of HAART, especially for those babies that are coming out of the PMTCT program, 50% of whom should be on HAART by the first birthday; support the implementation of community IMCI; strengthen adult care at the community level; and create pediatric-friendly family clinics and adolescent services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7654

Related Activity: 13763, 13765, 13766, 13767, 13769, 14007

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22764	3805.22764.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9790	193.09		$1,066,053
7654	3805.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		$600,000
3805	3805.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2628	193.06		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13763	7969.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$2,925,000
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
13765	7968.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,070,000
13766	3806.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$455,000
13767	2917.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$5,510,000
13769	3296.08	6602	2255.08	track 1	Elizabeth Glaser Pediatric AIDS Foundation	$5,283,351

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	86	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	96,943	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	172	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1066.08

Mechanism: PHRU

Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit

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: 3102.08

Planned Funds: $1,619,000

Activity System ID: 14264

Activity Narrative: SUMMARY:

The Perinatal HIV Research Unit (PHRU) will use PEPFAR funds to continue to provide quality holistic care for PLHIV comprising of elements in the preventive care package, medical care and psychosocial support categories in Gauteng, rural Limpopo, Mpumalanga and Western Cape provinces. Clients are monitored, prepared and referred for antiretroviral treatment (ART). Linkages to counseling and testing (CT), the prevention of mother-to-child transmission (PMTCT) and referral to ARV services will be strengthened. The major emphasis area is human resources, minor emphasis areas are development of networks, local organization capacity development and training. A family-centered approach targets HIV-infected adults, children and infants.

BACKGROUND:

Since 2002, PHRU has established palliative care programs in Gauteng, rural Limpopo and Mpumalanga provinces for people identified as HIV-infected through PMTCT and CT (also funded by PEPFAR). Primary health care nurses are the main providers of care under physician supervision. The Department of Health (NDOH) guidelines for HIV care and laboratory testing are used to ensure compatibility with South African Government (SAG) treatment sites. In South Africa, a care program covers the period from testing positive through end of life care. A holistic approach is taken comprising elements of the preventive care package for adults and children, clinical services, psychosocial support, healthy lifestyle promotion and preparation and transition of clients onto ART when required. These programs are predominately accessed by women; however PHRU is attempting to redress this imbalance. Men are encouraged to participate through CT programs which specifically target men. Clients are encouraged to bring partners, children and other family members. A focus of the program is to identify HIV-infected infants and children and to provide family-centered care and support. Quality assurance, client retention, monitoring and evaluation are integral parts of the program. The aim of the programs is to delay progression of HIV to AIDS by providing palliative care and support to HIV-infected clients who do not yet qualify for ART. Care includes: screening for active TB, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for OIs, syphilis screening, symptomatic screening for syndromic STIs, screening for cervical cancer, provision of family planning and regular CD4 counts. Opportunistic illnesses are treated using a formulary based on the South African Essential Drug List. Support for clients, their families and community members is provided through support groups and education sessions at all sites covering issues such as basic HIV and AIDS information, HIV services, PMTCT, ART, opportunistic infections, TB, prevention, disclosure, prevention, nutrition, stigma, positive living and adherence.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Soweto, Gauteng

The Soweto care program was initiated in 2002 serving over 4,500 adults with around 700 people being transferred onto ART and others who have been referred to SAG rollout sites. Support groups and education sessions are run by an NGO partner, HIVSA. Since 2004, a focus has been to identify children requiring care, ART and psychosocial support through linkages to PMTCT and infant testing. Over 630 children are currently receiving care and referred for growth monitoring and routine immunizations. Support programs are in development to assist caregivers and children, in particular around issues of bereavement, disclosure, dealing with stigma and discrimination, positive living and life skills.

ACTIVITY 2: Bushbuckridge, Rural Mpumalanga/Limpopo

The Bushbuckridge District in Limpopo/Mpumalanga province is one of the poorest in South Africa. Access to information and HIV healthcare and support is a basic need. The PHRU in partnership with Rural AIDS Development Action Research Program (RADAR) and HIVSA established a wellness clinic at Tintswalo hospital and a district wide support network for people living with HIV and AIDS. Since 2003, over 2,000 people have accessed the wellness clinic and 2,500 have accessed support groups running in the district clinics. A training program has been implemented to train nurses, lay facilitators, counselors and local NGOs to provide effective support to people living with HIV and AIDS and the preventive care package, pain and symptom management, basic education on HIV, CT, HIV treatment services and related issues to the broader community. Disclosure is encouraged to reduce stigma, discrimination, improve male norms and attitudes and reduce violence. US-based volunteers have worked in these programs. Expansion of medical care to the district primary health care clinics and to prepare for down referral from tertiary facilities is planned.

ACTIVITY 3: Tzaneen, Rural Limpopo

Since 2003, the University of Limpopo (UL) has been supporting the DOH to develop a district-wide wellness program based in the primary health care clinics in the Letaba sub-district of the Mopani District in Limpopo province. PHRU partnered with UL to formalize and expand the program. With PEPFAR funding health workers have been trained in HIV care of adults and children and infrastructural support provided. HIVSA has provided training to support group members to enable them to run more effective support groups and provide better information to people in the district. The Mopani District (population 1 million) is extremely poor. The program operates in the primary care clinics with support by a medical doctor and aims expand to the whole district. Over 600 people have enrolled and more than 100 are now on treatment and supported at the clinics. On going in-service training and mentoring occurs at the clinics. US-based volunteers support the program. These activities will be continued and expanded to additional groups with FY 2008 funding.

ACTIVITY 4: Western Cape

In 2006, PHRU partnered with a number of organizations in the Western Cape including the University of Stellenbosch, Red Cross Hospital and the Desmond Tutu HIV/AIDS Foundation that support a number of DOH ART sites. PEPFAR funds support these programs to improve linkages to primary care clinics for down referral, and to provide holistic care and support to people on ART and their families. Training staff to assist with scale-up and sustainability are focus areas. These activities will be continued and strengthened and will reach additional people with FY 2007 funds. With FY 2008 funds PHRU will continue to support one

Activity Narrative: of its sub-partners, HIVSA, to expand palliative care services in rural areas in Mpumalanga, Western Cape, and Limpopo and in urban areas in Gauteng Province. HIVSA utilizes male involvement, door to door, home -based care, and youth friendly models. HIVSA will implement systems to ensure that all PHRU assisted ART sites will reduce loss to ART initiation from the time tested positive until eligible for ART and will improve uptake of ART as soon as a patient is eligible. Support group models will also be expanded. HIVSA will also assist PHRU treatment programs to better monitor care provided to family members. Retention in care after HIV diagnosis will be a focus for FY 2008.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two of the five categories of palliative care services.

These activities directly contribute to the PEPFAR 2-7-10 goals by improving access to and quality of palliative care for HIV-infected individuals and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7598

Related Activity: 14262, 14263, 14265, 14266, 14267, 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23640	3102.23640.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$873,814
7598	3102.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$1,700,000
3102	3102.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$1,350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting
* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	39,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	4755.08	**Mechanism:**	N/A
Prime Partner:	Mpilonhle	**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: 8243.08

Planned Funds: $150,000

Activity System ID: 14028

Activity Narrative: SUMMARY:

This is a follow on PEFPAR funded activity to be implemented through Mpilonhle. Mpilonhle is working with the support from district and provincial South African Government (SAG) leadership. It will begin operating in late 2007 with a single mobile unit funded with support from Oprah's Angel Network, and expand with two further mobile unites funded by PEPFAR funds. It is currently building up its staff, which is expected to be 40, and is based in the Mpilonhle office in Mtubatuba, Kwazulu-Natal (KZN).

Mpilonhle will provide elements of HIV-related clinical care and social care through two main activities: 1) provision of HIV-related screening, care and prevention, and 2) school and community-based HIV and AIDS education. These activities will be delivered through mobile clinics deployed to secondary schools and community (non-school) sites in rural KwaZulu-Natal. Emphasis areas are gender and human capacity development. Target populations are adolescents aged 10-24, adults, and PLHIV.

BACKGROUND:

Mpilonhle is a new South African community-based organization registered in 2007 with the South African Directorate of NGOs. It is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal through its "Mpilonhle Mobile Health and Education Project" whose key activities are described below. The care activities will be implemented in Umkhanyakude District Municipality, the poorest and most rural district in KwaZulu-Natal, and one that has extremely high HIV prevalence rates, at 39.1%.

Implementation will take place in representative rural secondary schools and non-school sites that suffer from physical remoteness, poor health conditions, and inadequate resources. Partners consist of the Department of Education, PLHIV, the South African Democratic Teachers' Union, District Health Services, and District Municipality and Municipal leadership, including that of Traditional Authorities. School principals, local Department of Education officials, district and municipal mayors and focus groups of teachers and students have expressed the community acceptability of school-based CT.

ACTIVITIES AND EXPECTED RESULTS:

These activities will be provided through mobile clinics that visit schools to address the needs of PLHIV in the secondary school population and that visit non-school sites to address the needs of adult PLHIV in the general population. These activities will satisfy minimum requirements for Palliative Care by providing PLHIV with clinical services, integrated prevention, psychological support, and support with social services. Each mobile clinic is staffed by one primary care nurse, four health counselors, and one health educator. Each mobile clinic will visit a participating secondary school one week per month for eight months per year.

ACTIVITY 1: Screening and provision of basic HIV-related clinical and social care and HIV prevention messaging at schools and in communities

The first care component is the clinical aspect which includes HIV and AIDS counselors offering one-on-one health screening, messaging and referrals for preventive care services at secondary schools via a mobile clinic. This will include screening and treating for symptoms indicative of Opportunistic Infections (OI) and other HIV-related illnesses (including TB); individualized counseling on HIV prevention and behavioral change; provision of counseling and testing (CT); provision of counseling in nutrition and personal hygiene; psychosocial support for students (including support for disclosure of status); and referral to essential HIV and AIDS services such as PMTCT, ART, symptoms and pain (including screening and referral to TB services). A mechanism will be established to provide parental consent and referrals for family members of HIV-infected students. The partners and focus groups of teachers and students have expressed the community acceptability of schools-based CT and HIV prevention and care services. Effort will be made to ensure equitable access to care services for both males and females. The second care component is the social aspect which includes screening of HIV-related social problems and referrals to a staff social worker for assistance with accessing government grants and legal services for; PLHIV and their families.

ACTIVITY 2: Group HIV and AIDS education sessions

An HIV and AIDS educator will conduct group education sessions at secondary schools and in surrounding communities that will discuss the basic facts about HIV prevention and care targeted. Topics include the importance of HIV prevention (AB for adolescents and ABC for adults); CT; prevention and care of opportunistic infections including TB, ART adherence; accessing PMTCT services; nutrition counseling; and the importance of personal hygiene and utilizing safe water to reduce diarrheal disease. Information, Education and Communication (IEC) materials will also be provided. Mpilonhle will work with community leaders and PLHIV to reduce stigma and discrimination against PLHIV and raise community awareness to mobilize for essential HIV prevention, care and treatment services. Efforts will be made to engage male community members and promote respect between men and women in communities. Support will be provided for disclosure of HIV status and strategies to reduce disclosure-related gender-based violence will be encouraged. An age-appropriate curriculum will be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC in collaboration with SADTU, and the World Health Organization. This curriculum emphasizes the traditional three-part public health theory of improving Knowledge, Attitudes, and Practice, skill-building methods in topics such as risk reduction, being faithful, decision making, and social responsibility, as a way of preventing HIV infection, providing care to those infected and affected by HIV, respect for women, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. Group health education provides supportive social care in the form of efforts to reduce stigma and efforts to increase community awareness of care, prevention, and treatment. Providing care to those infected and affected by HIV, respect for women, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life.

Building human capacity in remote rural areas is a critical issue. Mpilonhle responds to this challenge by maximizing the capacities and skills of relatively abundant lay health workers through rigorous training and regular refresher courses to enable them to perform critical yet currently scarce services such as the promotion of elements of the preventive care package, provision of screening for Opportunistic Infections,

Activity Narrative: basic pain and symptoms management, and health education thus shifting the burden of these activities away from relatively scarce professional health workers. Gender issues will be addressed in the provision of basic HIV screening and care and prevention messaging to large numbers of male and female adolescent and adult PLHIV support for disclosure of HIV status and reduction of gender-based violence), involvement of male adolescents and adults in the program mobilization of community leaders for promoting community efforts against stigma and discrimination, and for raising awareness regarding HIV prevention, care and treatment.

Sustainability of activities is facilitated by political commitment from District and Municipal governments, and the local Department of Education to scaling-up and to fund-raising in support of such scaling-up; the relatively low-tech and easily replicable nature of many core program features; minimal dependence on scarce health professional such as doctors and nurses; the ability of rugged mobile facilities to reduce the need for additional investments in fixed physical infrastructure; declining prices over time for the program's information technology requirements; the possibility of adapting the service delivery model to workplaces as well as schools; the multi-dimensionality of program activities, which includes HIV and AIDS, general health, and education related activities, and which broadens the scope of donors interested in funding continuation and scale-up of activities.

These activities will contribute to PEPFAR goals of providing palliative care to 10 million HIV-infected individuals and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8243

Related Activity: 14026, 14027, 14029, 14030, 13718, 13372, 16088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22986	8243.22986.09	U.S. Agency for International Development	Mpilonhle	9854	4755.09		$145,636
8243	8243.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
14027	8241.08	6688	4755.08		Mpilonhle	$250,000
13372	12360.08	6454	4626.08		African Medical and Research Foundation	$194,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
14029	8246.08	6688	4755.08		Mpilonhle	$540,000
14030	8247.08	6688	4755.08		Mpilonhle	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,770	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	18	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	2312.08	**Mechanism:**	N/A
Prime Partner:	National Association of Childcare Workers	**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:	12366.08	**Planned Funds:**	$200,000
Activity System ID:	14031		

Activity Narrative: SUMMARY:

The National Association of Childcare Workers (NACCW) provides accredited child and youth care training to community members in order to provide holistic services to family members of OVC. Funding will be used in the emphasis areas of training and community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are HIV-infected families and their caregivers, and community organizations.

BACKGROUND:

NACCW is the only South African NGO focusing on provision of specialized, professional training in child and youth care. NACCW has developed a unique community-based child and youth care response to the HIV and AIDS crisis called the Isibindi Model. This program trains unemployed community members in an accredited child and youth care course and provides an integrated child and youth care service to child headed households and vulnerable families through partnerships between NACCW and community-based organizations. This project is part of a larger initiative of the NACCW to replicate the Isibindi Model nationally in partnership with the Department of Social Development (DOSD). Since 2004, PEPFAR has supported 24 of NACCW's 40 Isibindi projects, providing direct services to 10 891 OVC and training for 430 child and youth care workers in 7 provinces in South Africa. The NACCW also offers this accredited training to other PEPFAR funded projects. From FY 2007 PEPFAR funding has supported palliative care activities. To promote the sustainability of the NACCW Isibindi childcare model, public-private partnerships will support the program in selected provinces. Partners include De Beers Fund, Anglo America Chairman's Fund, AngloGold, Royal Netherlands Embassy, UNICEF, ABSA Bank and the Impumelelo Innovations Award Trust.

ACTIVITY 1: Clinical Services for Family Members of HIV-infected and OVC

Child and Youth Care Workers (CYCW) will provide information on clinical services and refer OVC and their families for screening of pain and symptoms, diagnosis, treatment services such as TB or ARVs. CYCW will regularly follow up to ensure that services are accessed and to provide adherence support for adults and children on treatment. CYCW will be capacitated to identify children requiring clinical services or hospitalization and to provide referrals to children and family members. NACCW will ensure each Isibindi site is linked to a network of clinical care services and providers. The NACCW has a non-PEPFAR program called Masihlangane: Make a Difference which focuses on securing funding for food parcels for the Isibindi projects. Essential nutritional requirements through the food parcels will be provided to children and families who are on antiretroviral treatment. This will complement the treatment process.

ACTIVITY 2: Psychological/Social Services for OVC and their Families

CYCW will assist family members of HIV-infected and OVC with a range of social and psychological services. This will include providing information on and assisting caregivers to access disability grants and other forms of economic support. CYCW will also provide family counseling and assist with succession planning. This will include ensuring caregivers have wills, making arrangements for the care of children, ensuring children have birth certificates and identity documents and providing support for disclosure. CYCW will provide bereavement support and counseling and refer family members to social workers and other support services. CYCW also ensure that families live in hygienic and safe home environments and assist family members to maintain their households.

ACTIVITY 3: Training of CYCW

CYCW in Isibindi project sites will be trained by Bigshoes on a 5-day program focusing on providing palliative care services to OVC and their families or caregivers with the aim of delaying orphanhood. This will include providing referrals to clinical services, follow ups and providing social and psychological services designed to support family caregivers and sick OVC. Monthly Regular mentorship will ensure that CYCW are able to implement the services and provide quality care and support to family members of HIV-infected individuals and OVC.

ACTIVITY 4: Care for Caregivers

NACCW will contract the services of registered therapists to provide support to CYCW in all Isibindi sites, thereby facilitating deeper and more sustainable relationships with their clients. The less they are burdened by their personal feelings and stories, the more emotionally available they will be for their clients. They should also begin to develop a healthy discrimination for appropriate levels of involvement with their clients. The support will include debriefing sessions, workshops and individual counseling in a structured six-month program. It is anticipated that this intervention will reduce burn out, psychosomatic symptoms among CYCW, increase the quality of services provided and improve the long-term sustainability of the program.

In all of the above activities, OVC will be counted only in the OVC program area. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services. PLHIV will receive at least one clinical and one other category of palliative care service.

These activities will contribute to meeting PEPFAR's goals of providing 10 million people with care and support, including family members of PLHIV and OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12366

Related Activity: 14032, 14253

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22992	12366.22992.09	U.S. Agency for International Development	National Association of Childcare Workers	9857	2312.09		$194,181
12366	12366.07	U.S. Agency for International Development	National Association of Childcare Workers	4467	2312.07	USAID GHAI	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
14032	3128.08	6689	2312.08		National Association of Childcare Workers	$3,922,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,463	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	195	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Western Cape

Free State

Northern Cape

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 489.08

Mechanism: N/A

Prime Partner: National Association of State and Territorial AIDS Directors

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: 12357.08

Planned Funds: $1,264,000

Activity System ID: 14033

Activity Narrative: SUMMARY:

In FY 2008 The National Alliance of State and Territorial AIDS Directors (NASTAD) will continue to support government-to-government twinning relationships between four South African provincial Departments of Health AIDS Directorates and four U.S. state health department AIDS programs, resulting in bi-directional exchange of expertise and improved capacity of provincial health systems. The primary emphasis area for the activity is local organization capacity building, with secondary emphasis on community mobilization, linkages with other sectors and initiatives, and policy and guidelines. The activity targets persons living with HIV (PLHIV), policy-makers, teachers, public health workers, and faith-based organizations (FBOs).

BACKGROUND:

NASTAD is a U.S. non-governmental organization (NGO) with a membership of U.S. state health department AIDS program directors whose positions are analogous in program responsibility to provincial AIDS Directors in South Africa. NASTAD utilizes state AIDS program directors and their staff to engage in twinning relationships with South African provincial and district staff, providing peer-based technical assistance to increase program capacity. This project builds on a government-to-government twinning relationship between the Massachusetts Department of Health AIDS Bureau and the Eastern Cape Department of Health AIDS Directorate and the Eastern Cape PLHIV community that has been in existence since 2000, and has been facilitated by South Africa Partners. NASTAD has been provided with PEPFAR funding to expand these initiatives and to support three additional twinning relationships between California and the Western Cape Department of Health (WCDOH), Indiana and Free State Province Department of Health (FSDOH) and between Illinois and the Northern Cape Department of Health (NCDOH). NASTAD will also assist Mpumalanga Provincial Department of Health (MDOH) and coordinate twinning with a U.S. state to be determined.

ACTIVITIES AND EXPECTED RESULTS:

NASTAD will (1) maintain the existing four health department twinning relationships (2) add a fifth twinning relationship with Mpumalanga province, and (3) enhance capacity of the provincial health departments by promoting twinning relationships between U.S. state and South African provincial academic centers and NGOs. This twinning activity will demonstrate best practices in the areas of community capacity building for antiretroviral treatment (ART) roll-out and for prevention programs for PLHIV.

ACTIVITY 1: Training

NASTAD will train PLHIV in Eastern Cape, Free State, Northern Cape and Mpumalanga to form and facilitate support groups for PLHIV to implement the Basic Care Package for PLHIV. This package includes: acceptance of HIV status, disclosure, prevention with positives, and treatment of opportunistic infections (with a special focus on TB/HIV co infection and the provision of cotrimoxazole), and ARV and adherence. Addressing prevention with HIV-infected individuals is an important part of the NASTAD comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. Elements of the impact of nutrition and gender issues on HIV status will be covered. NASTAD will foster twinning relationships between PLHIV groups in the US and South Africa. There will be an exchange of training programs, building capacity of local institutions to accredit and maintain these training programs, strengthening PLHIV support groups in each of the four provinces where these programs will be institutionalized with the support of local universities and the regional training centers. The aim is introduce care for PLHIV as soon as they are diagnosed as HIV-infected. It will serve to bridge the continuum of care from testing to treatment and end of life care.

ACTIVITY 2: Support Groups and Counseling

iBhayi Living Centre: NASTAD and its sub-partners will continue to work closely with the MANEPHA (a network of PLHIV), ECDOH, the EC Department of Social Development, and the Nelson Mandela Bay Municipality to strengthen the reach and activities offered by the Centre. These will include the following: 1) weekly support groups in all three NMBM Local Service Areas (LSAs), in partnership with local churches, to provide a psychosocial support for PLHIV, and 2) continuation of monthly counseling sessions led by local professionals at district level that provide important information and referrals for key areas (e.g. nutrition, substance abuse, social grants, prevention with positives).
Activity 3:
NASTAD will integrate Prevention with Positives into the Basic Care Package for PLHIV. They will train facilitators of the support groups on PwP and deliver these services through the support group facilitators (employed by NASTAD) to deliver PwP training to PLHIV within support groups in EC, NC and FS provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12357

Related Activity: 14034

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22994	12357.22994.09	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	9859	489.09		$0
12357	12357.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	4394	489.07		$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14034	3033.08	6690	489.08		National Association of State and Territorial AIDS Directors	$776,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	85	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	700	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Free State
Northern Cape
Eastern Cape
Mpumalanga
Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 479.08
Mechanism: N/A
Prime Partner: Humana People to People in South Africa
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: 7885.08
Planned Funds: $339,500
Activity System ID: 13978

Activity Narrative: SUMMARY:

Humana implements a comprehensive HIV and AIDS prevention and care program called Total Control of the Epidemic. This program trains community members as Field Officers (FOs) to utilize a person-to-person campaign methodology to reach every single household within the project target area with HIV-related care services where necessary. The major emphasis area is community mobilization/participation, while minor emphasis areas are development of referral systems and training. Key target populations are PLHIV, pregnant HIV-infected women, families affected by HIV and AIDS, and caregivers.

BACKGROUND:

Since 2000, TCE has been implemented in eight countries in Southern Africa reaching a population of 5 million people. This program trains community volunteers to reach every single household within the project target area with a comprehensive program that includes care, prevention and CT. Effort will be made to ensure equitable access to care services for both males and females. In 2007 Humana has 5 PEPFAR funded TCE areas in the Mpumalanga province and one area in the Limpopo province. With FY 2007 funding, Humana added elements of palliative care to its program. Humana has previously implemented home-based care (HBC) programs and activities are implemented according to the experiences gained from those programs and work across the region. Furthermore, Humana is implementing the TRIO program, which provides support for people on ARV treatment in Limpopo and Gauteng in a public-private partnership with Johnson & Johnson who have provided $750,000 for similar activities in different geographic areas. Humana works in partnership with the South African Government (SAG) and the Ehlanzeni and Mopani District Municipalities, which are major partners for the program and contribute with a significant counterpart support. The program has received a number of awards, including the 2003 Stars of Africa Award (in partnership with Johnson and Johnson) for best Corporate Social Investment Program within Health/HIV/AIDS in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

Humana has identified a need for palliative care services in the existing TCE areas. In the areas where Humana operates, few HBC organizations exist or they lack the capacity to effectively deliver services. TCE will implement palliative care activities with an emphasis on elements of the preventive care package with home-based care and treatment adherence programs.

ACTIVITY 1: Home-based care

TCE will follow two strategies: 1) TCE strengthens existing HBC initiatives carried out by local CBOs through training, monitoring and support of the caregivers and by employing a nurse who offers clinical services to such programs, where it is appropriate, or 2) TCE starts its own HBC program and employs and trains Passionates (community volunteers) as caregivers, and monitors and supports them in their work. The caregivers will form groups of 10-20 and a nurse will be employed to carry out training and supervision and offer clinical services to patients. The HBC program is implemented by Hope, a sub-program under TCE with its own Project Leader and staff. The patients are identified through TCE's door-to-door campaign. TCE makes use of SAG standards for HBC training and ensures that all caregivers are accredited by the SAG. The HBC program provides and mobilizes for the elements of the preventive care package and screening for pain and symptoms in addition to other clinical, psychological, social support and prevention services to patients in need. The objective of the program is to bring relief and add quality to the lives of the patients and their families. The home-based caregivers offer psychological and spiritual support to the patients and their families, and clinical services, such as cleaning of wounds, analysis of symptoms, monitoring of patients are offered by trained nurses. The program works in close conjunction with public or other private services and refers patients to services; including where needed accompanying patients, and conducting follow up visits. In order to be able to meet the challenges of their work, the home-based caregivers will meet at least twice a week to receive continued training and support.

ACTIVITY 2: Support for people on ARV treatment (TRIO)

TCE has developed a unique system to offer support to people on ARV treatment. It is called the TRIO, as it involves the patient, a family member or a friend, and a Field Officer. This system has been successfully tested in Botswana, where TCE has reached a population of 900,000 people. TRIO will seek to provide and mobilize for the elements of the preventive care package and ensuring that each patient adheres to the ARV treatment through a Directly Observed Therapy strategy (DOT). Patients in the Humana TRIO program will receive a package of care services tailored to their individual needs: education about ART and adherence; screening for OIs, pain, symptoms; nutritional counseling and support, e.g. by facilitating the patient receiving food parcels from the Department of Social Services or by vegetable gardens; and referring patients to positive living clubs or support groups, either run by TCE or other organizations. Volunteers will undergo training as trainers (TRIO supporters) in the above issues and carry out trainings of family members and Passionates. In cases where needed, family members will also receive support from the FOs, e.g. by being referred to CT, PMTCT and other services in the area. A nurse will be attached to the program to offer clinical services to clients and to provide monitoring and supervision of services.

ACTIVITY 3: Linkages with sectors and initiatives

The activities within palliative care are a strongly integrated part of the TCE program. The Field Officers in the basic prevention activities of TCE are well placed to identify community members in need of services. Through this prevention strategy, all households receive messages on the benefits of care services and the TRIO program, and are informed how to receive support from these programs. The care activities will be integrated closely to Humana's CT activities, where people who have tested positive and who need care can be referred to these programs to receive immediate support. Proposed collaboration includes: Linkages with SAG clinics and hospitals providing treatment to facilitate access to ARVs and related services such as support groups. A strong partnership with the TB sub-directorate in the Bohlabela district. FOs are trained to raise awareness about TB, make referrals to clinics and collect sputum. Working with public clinics to ensure that pregnant women have access to antenatal services and PMTCT. Working with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education.

Activity Narrative: These activities will contribute to the PEPFAR goal of reaching 10 million with care by offering care and support to people living with HIV and AIDS through the already existing TCE program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7885

Related Activity: 13976, 13977, 13979, 13718, 16088

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23166	7885.23166.09	U.S. Agency for International Development	Humana People to People in South Africa	9928	479.09		$329,622
7885	7885.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13976	3020.08	6672	479.08		Humana People to People in South Africa	$1,267,000
13977	7884.08	6672	479.08		Humana People to People in South Africa	$430,500
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
13979	3021.08	6672	479.08		Humana People to People in South Africa	$582,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	140	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Limpopo (Northern)
Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	481.08	**Mechanism:**	N/A
Prime Partner:	Living Hope	**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:	3025.08	**Planned Funds:**	$325,000
Activity System ID:	13994		

Activity Narrative: SUMMARY:

Living Hope (LH) will provide in-patient hospice care and home-based care (HBC) for HIV-infected individuals in the Western Cape peninsula. The program will also provide elements of the preventive care package, post-test counseling and support groups for PLHIV. The emphasis areas include human resources, training and the development of referral systems. The main target population is people living with HIV.

BACKGROUND:

Living Hope Community Center is an indigenous South African FBO formed in 1999 in direct response to the HIV and AIDS epidemic. The activities below are ongoing; PEPFAR funding for this activity began in 2005, helping to expand LH's reach into high risk communities with HBC, caring for caregivers and providing hospice-based services and referrals.

LH is working in partnership with the False Bay Hospital by providing a lay counselor for PMTCT counseling and support and with a local government clinic in Masiphumelele, Fish Hoek, Muizenberg, Ocean View, Simon's Town, Red Hill and Seawinds Clinic where lay counselors assist in offering pre and post-test counseling.

LH coordinates with the DOH to ensure that their care activities complement the HIV and AIDS strategy of local government facilities and strengthening their prevention and care policies. With non-PEPFAR funds, LH has also constructed a 22 bed hospice to care for HIV-infected patients referred by local hospitals and HBC givers in the surrounding communities to offer culturally appropriate end-of-life care, symptom and pain management, and referral for ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

All members of LH's HBC and hospice staff receive specialized training in palliative care including the basic preventive care package. LH is working in partnership with the Palliative Association of South Africa to develop a carefully managed, outcomes-based, training curriculum for their home-based caregivers. The training modules and time frames are still under development but will be have the accreditation of the Hospice Palliative Care Association (HPCA) and will be tailored for the needs of the caregivers. LH has had negative experience with some of the other outsourced training programs so this provided the motivation to tailor-make a training program.

LH will provide comprehensive HBC to people in four Western Cape communities - Masiphumelele, Ocean View, Red Hill, and Muizenberg. This specifically includes people living with HIV (PLHIV) and their family members. HBC caregiver visits incorporate nursing care, personal hygiene, HIV and AIDS education to infected individuals and family members, screening for symptoms and pain and referral when treatment it is unavailable through routine nursing care. All patients are assessed, referred for ART, TB, STI, OIs and are provided with follow-up and ongoing care and support including the provision of DOTS and cotrimoxazole when appropriate.

LH utilizes a family-centered approach to the provision of care. HBC caregivers spend time in the homes of those who are ill and get to know the client's family, presenting an opportunity to provide training and support to the family caregivers. This includes discussions on knowing one's HIV status and PMTCT for pregnant women that will include safe infant feeding practices and family planning. This training and support for the caregivers of PLWA and their families will include a comprehensive package of basic information about caring for their family member, pain and symptom management and relief in the administration of care. Preventive measures in home-based care are also covered. The hospice also provides ARV treatment and clinical care for those eligible (treatment is procured and funded by the Western Cape DOH).

The HBC program will include services also provided by the Wound Dressing Clinics in Masiphumelele, Muizenberg, and soon to be Ocean View Communities. The wound dressing clinics provide basic clinical services one would find in drop-in clinics including dressing of wounds, treatment for basic injuries and referrals to social or hospital services. These locations and services provide an effective means to establish relationship with those individuals who are HIV-infected and need HBC or other services. It is also an opportunity to encourage all individuals to get tested.

As part of the HBC activity a system will be established for the referral of HIV-infected individuals needing holistic inpatient and/or hospice services (including those experiencing acute HIV-related illnesses, including TB and other opportunistic infections) to LH's hospice or other appropriate healthcare institutions for preventive care and symptom and pain management. A system will also be established for the referral and follow up of ARV treatment-eligible patients to the nearest public health treatment site.

ACTIVITY 2: In-patient Hospice Care

LH will provide holistic in-patient care at their 22-bed hospice facility (20 of those beds are funded by PEPFAR and are shorter term). The hospice is designed to provide palliative in-patient care to adults and children over 12 with pain and symptom management such as those who are experiencing acute HIV-related illnesses including TB, other opportunistic infections, and any other HIV and AIDS complication requiring inpatient care. In addition to short-term hospice care, LH and its staff provide a place to die in peace and dignity with psychosocial and culturally appropriate bereavement and spiritual support to the patient as well as their family members.

The hospice is part of a network of care and support offered by LH that works in collaboration with government and other NGO HIV and AIDS services in the area such as ART, counseling and testing and clinical support including the basic package of care. LH also provides transportation for clients to access any of the medical or care services required in the area from hospital care, clinical results or collecting the ARVs for patients at the LH hospice.

Activity Narrative: ACTIVITY 3: Non-clinical Care and Support

As part of providing comprehensive palliative care, LH places an emphasis on meeting emotional and spiritual needs. There are weekly support groups and one-on-one counseling available for HIV-infected community members where they find acceptance, hope, encouragement and support needed to live a productive and satisfying life. Those who attend are also coached in how to plan for their family members who may be affected by an HIV-infected member of the household. LH's social workers link the OVC and other vulnerable family members to social services, government grants where applicable, non-USG nutritional support through temporary food parcel delivery, skills training, as well as ongoing emotional and spiritual support.

ACTIVITY 4: Referrals & Linkages

The referrals system links HIV-infected people from initial pre and post-test counseling with LH lay counselors to appropriate next level of service such as psychosocial support, home-based care, government clinic or hospital services, PMTCT support or hospice care.

The LH Hospice receives and sends out referrals via partnerships with local area government hospitals and clinics. Local hospitals refer clients to the hospice or home-based care program if the patient requires this level of care. LH's social worker and chaplain are also called upon in many cases to visit or work with clients from the government hospitals and clinics.

Home-based caregivers also refer and receive clients from local area hospitals or community members that are aware of LH’s service. Many times, clients looking for home-based care inquire about these services at local hospitals and then the client is referred to Living Hope. Home-based carers are also being utilized in area clinics to assist in wound care. They are learning as well as providing additional medical support in these clinics. From this, better cooperation and referral linkages are made.

LH is in the process of developing a planned approach to South African Business inviting partnerships with those businesses looking to fulfilling their social responsibility to reduce HIV infections in the workforce.

FY 2008 activities will be expanded to include an additional full day professional care staff to help provide a broader level of clinical and medical services to clients in LH's home-based care programs. This service will contribute to the holistic care and improve the basket of services to care clients. The geographic reach and number of sites will remain the same although targets will increase due to improved 'family member' indicator tracking and counting and more integration between the prevention program linking clients who require the service to care providers.

In the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

This activity specifically contributes to the overall PEPFAR objectives of 2-7-10 by providing direct health care, emotional and spiritual support or those who are HIV-infected and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7538

Related Activity: 13993, 13798, 14253

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23097	3025.23097.09	U.S. Agency for International Development	Living Hope	9898	481.09		$330,748
7538	3025.07	U.S. Agency for International Development	Living Hope	4456	481.07		$325,000
3025	3025.06	U.S. Agency for International Development	Living Hope	2675	481.06		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13993	3024.08	6679	481.08		Living Hope	$400,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$205,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,110	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 255.08

Mechanism: TASC2: Intergrated Primary Health Care Project

Prime Partner: Management Sciences for Health

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: 2949.08

Planned Funds: $794,250

Activity System ID: 13997

Activity Narrative: SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision of basic care and support to HIV-infected adults in 80 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). IPHC will provide technical assistance to both provincial and district managers for HIV and AIDS programs to strengthen basic care and support services to HIV-infected clients. The target populations are men and women of reproductive age, children and adolescences, family planning clients, pregnant women, nurses and other health care workers. The major emphasis area for this activity will be in-service training; child survival activities; quality assurance and supportive supervision.

BACKGROUND:

This activity was initiated FY 2006 and continues in FY 2008. All activities will be supported directly by IPHC in collaboration with district and provincial counterparts from the Department of Health. IPHC will also work closely with service providers at facility level to ensure that a high quality, comprehensive service is delivered. This activity will build on IPHC's past activities conducted at current sites and with an additional focus on gender-related activities. Family-centered counseling will be a major part of the activities that will be implemented. To ensure integration of programs, IPHC will strengthen the formation of district level HIV and AIDS, STI and TB (HAST) committees and Local and District AIDS councils. This will ensure that people living with HIV (PLHIV) are offered a comprehensive package of care that takes into consideration opportunistic infections (OI) and the provision of cotrimoxazole at the facilities mentored and supported by IPHC. IPHC is strengthening the referral system between the clinics and these groups, to ensure continuity of care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

IPHC will strengthen human capacity development by training health care providers (both professional and non-professional) on basic care and support of HIV-infected clients and ensuring delivery of the preventive care package. This will include screening for and treatment of opportunistic infections including cotrimoxazole prophylaxis. Training will also include the clinical staging of clients using the WHO clinical staging guidelines. Healthcare providers will also be trained on screening STI and TB clients for HIV. Comprehensive nutritional counseling which will include babies will focus specifically on the nutritional needs for HIV-infected and TB clients. IPHC will provide training to home-based caregivers using the Department of Health (DOH) curriculum for community home-based carers (CHBC). The training of home-based caregivers will include counseling components so that ongoing counseling can be provided to those infected and affected by HIV and AIDS. In supporting the home base care providers, IPHC will ensure that those infected and affected by HIV and AIDS receive comprehensive care. IPHC will extend support to local HBC organizations by supporting their data management systems and subsequent reporting to local linked healthcare facilities.

ACTIVITY 2: Support Groups at the Facilities

IPHC will continue to coach and support health service providers by focusing on psychosocial support and clinical management of people infected and affected by HIV and AIDS. All CT sites supported by IPHC will offer palliative care to HIV-infected clients. IPHC will also establish/strengthen the referral system that begins at facility level and continues to home-based care (HBC) to ensure continuity of care for clients, beyond the 80 supported facilities. IPHC will establish linkages and facilitate networks with community organizations, local municipality and health facilities to increase access to palliative care. IPHC will assist community-based organizations (CBO), non-governmental organizations (NGO) and faith-based organizations (FBO) to access other sources of funding for home-based care programs. IPHC will work with the municipalities to ensure that the CBOs, NGOs and FBOs within their local municipalities not only receive support through Integrated Development Program of the municipality, but also are monitored by the local community representatives. IPHC staff will visit the supported community-based organizations at least once a month. These visits will be conducted with the clinic staff to strengthen the relationships between the staff and the community groups, and also to build in sustainability of the program

ACTIVITY 3: Integration of Services

This activity will focus on the integration of HIV and AIDS services into routine Primary Health Care (PHC) services to ensure a holistic approach to basic care and support to the HIV-infected client at the facility level. Integration of services is important for the clinical management of HIV and AIDS clients. All IPHC-supported PHC facilities will be strengthened to provide a basic health care package that includes routine screening for opportunistic infection and the provision of cotrimoxazole prophylaxis, staging for those clients who are ready to go on the ART program, and on-going counseling and support for those that are not yet ready. IPHC will also focus on strengthening the referral system to and from facility level to home-based care services. Service providers from the health facility and HBC services will be trained on the referral system and how to refer clients appropriately. IPHC will support a care support program for clients who are not yet ready to be on an ART program at the 80 IPHC supported facilities. The care support program will provide education on nutrition, family planning and opportunistic infections. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission.

At the facility level, IPHC will focus on ensuring that clients are counseled on prevention with positives and that family members are provided with psychosocial support and HIV and AIDS education. IPHC will focus on the following activities: prevention with positives, care support programs and support for the caregivers activities. The preventive care package will be implemented at all IPHC supported facilities. IPHC will support health providers to ensure stronger links between palliative care, CT, family planning, PMTCT and ARV therapy at the facility level. IPHC will facilitate that gender related issues (behavior change, violence, disclosure to mention a few) are addressed during HIV and AIDS support groups sessions.

Activity Narrative: IPHC activities will increase the public health facilities' capacity to deliver quality basic health care and support services and expand access to quality palliative care services, thereby addressing the priorities set forth in the USG Five-Year PEPFAR Strategy for South Africa. IPHC will assist PEPFAR to achieve its goal of caring for 10 million people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7554

Related Activity: 13996, 13998, 13999, 14000, 14001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23100	2949.23100.09	U.S. Agency for International Development	Management Sciences for Health	9900	255.09	TASC2: Intergrated Primary Health Care Project	$0
7554	2949.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$1,025,000
2949	2949.06	U.S. Agency for International Development	Management Sciences for Health	2644	255.06	TASC2: Intergrated Primary Health Care Project	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13996	2952.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$194,000
13999	2950.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$400,000
14000	2951.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$339,500
14001	2948.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$588,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	25,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	80	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	35,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Indirect Targets

The National Department of Health guidelines on treatment and care stipulate that all health facilities should have referral systems in place for home-based care. IPHC will train the home-based carers that the facilities would refer to, therefore will have an indirect impact on palliative care happening around the community, as well as having direct impact on the patients in the facility itself.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	2790.08	**Mechanism:**	N/A
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06

Activity ID: 3832.08

Planned Funds: $4,750,000

Activity System ID: 13710

Activity Narrative: SUMMARY:

Activities support the provision of palliative care under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The area of emphasis is the improvement of quality of life to people living with AIDS who are not yet on antiretroviral treatment (ART), ensuring their wellness to delay the necessity of commencing the ART for as long as possible, ensuring optimal health for persons on ART, and ameliorating pain and discomfort for those in the terminal stages of the disease. The field sites target those in need of these services, who live in the catchment area of the site, and who lack the financial means to access services elsewhere.
BACKGROUND:

AIDSRelief (the Consortium led by CRS) received Track 1 funding in FY 2004 to rapidly scale up ART in nine countries, including South Africa. In FY 2005, FY 2006 and FY 2007, South Africa COP funding was received to supplement central funding, with continued funding applied for under COP 2008. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure coordination with the South African Government (SAG) and sustainability by either having the SAG provide antiretroviral drugs, or by referring stable patients in to the SAG treatment plan. Progress made in this regard is discussed below under activities and expected results.

Contrary to initial expectations, the most difficult issue has been ensuring that men access HIV care and treatment services. Currently, only a third of patients on ART in the program are men. Many of the challenges faced in the implementation are rooted in social and cultural backgrounds of the South African male population, which AIDSRelief is trying to address by involving men while doing home-based care, as well as putting increased focus on family-centered CT. In addition, AIDSRelief will involve dieticians at selected sites to identify nutritional deficiencies and problems with patients, in order to assist with referral and proper food supplementation where needed.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008, AIDSRelief will continue implementing activities in support of the South African national ARV rollout. Of the 25 existing field sites activated in March 2004, two have transferred all their ART patients into SAG sites, and have ceased providing treatment. Two new field sites have been activated in FY 2007 to enroll additional ART patients in support of the SAG rollout plan.

Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

Basic palliative care services including elements of the preventive care package will be provided by the 25 field sites to patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness, by means of pain and symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services, management of opportunistic infections and other HIV and AIDS-related complications (including pharmaceuticals); integrated prevention services including prevention with positives; and culturally-suitable and religiously-appropriate end-of-life care. Patients within the CRS home-based care network will be given cotrimoxazole prophylaxis where necessary. Effort will be made to ensure equitable access to care services for both males and females.

The home-based carers are recruited through parish networks, and are deployed in the areas they live in, with the intention that they should serve patients who live within the walking distance of their homes. All provincial DOHs pay stipends to their caregivers. Home-based carers within the CRS network tend to pay their caregivers the same stipend that the DOH pays theirs, as the training that they undergo is the same, as is the workload. Stipends paid to caregivers vary from one site to another according to the differences in stipends paid by different provinces. Caregivers are also reimbursed for transport expenses.

AIDS is stigmatized in many South African communities because of the association with death. This is because of the belief that AIDS inevitably leads to death. As the number of patients on treatment grows, and as communities see that those on treatment are living normal, healthy lives, stigma is decreasing visibly and more and more patients are presenting themselves to be tested, either in CT, or if they know that they are positive, to have their CD4 counts tested and see whether they qualify for treatment. This process has been accelerated by the way in which patients on treatment at each site are used as community peer educators and counselors.

All activities will continue to be implemented in close collaboration with the SAG HIV and AIDS directorate and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

Holistic palliative care services are provided to all people who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically, adults with HIV of both genders (children to a lesser extent) have been admitted for palliative care services in partner field sites providing such services. Palliative care services are provided by SACBC and IYD-SA at their respective sites, through the provision of services aimed at optimizing quality of life for HIV-infected patients and their family members, psychological support, management of opportunistic infections (where necessary), other HIV and AIDS related illnesses, and end-of-life care provided either at the clinic level (where available) or through home-based care mechanism. Field sites managed by SACBC provide a vast range of services, ranging from basic (home-based care) palliative support, to in-house, facility-based beds and full palliative care services, depending on the specifics of each site. IYD-SA also provide a different range of palliative care services, ranging from referral to other SAG clinics in the area, to home-based carers who provide compassionate

Activity Narrative: and valuable services to palliative care patients. Even though prevention is not a specific program activity of the overall program, it is promoted through provision of information to patients regarding HIV and prevention of spreading the virus (prevention with positives). Secondly, skills training is provided to vulnerable populations, empowering them to make safer choices about their lives. Additionally, AB messages are shared with the target population, as well as accurate information regarding condoms is provided.

Some of the AIDSRelief sites also receive PEPFAR and other funding through different sources for the provision of OVC care. The overlapping of these services provides OVC with access to both care and treatment services provided under the program.

On the staffing front, AIDSRelief is making a conscious effort towards staff retention, through skills development and strengthening, retreats and debriefing sessions for the staff at the site level where burnout and compassion fatigue support groups are facilitated. In addition, staff remuneration is monitored and, to the extent possible within the faith-based environment, reasonable packages are offered. The task shifting strategy involves shifting certain tasks that medical nurses can do (such as screening the initial patients, follow-up and monitor stable patients) from medical doctors so that the overall workload is more manageable. Treatment counselors and community care workers are encouraged to provide pre- and post-test counseling, adherence training and support and help with basic administrative follow-on work. Other activities include considerations of community care workers conducting the oral rapid HIV tests, and nurses only doing the confirmation tests if necessary.

FY 2008 COP activities will be expanded to include nutritional supplementation for patients receiving care or treatment under the program, primarily to support the effective use of antiretroviral drugs for the patients already on ART, or to assist patients awaiting to be placed on ART by providing them with necessary nutritional supplements, and increasing their chances of accepting ARV drugs once placed on ART. In addition, cotrimoxazole prophylaxis will be given to qualifying HIV-infected persons receiving palliative care within the operational guidelines of the host country and the donor, with special attention given to exposed or infected children.

With supplemental funding in FY08, the following activities will be added:
a) Open and staff a new wellness center in Winterveldt for HIV care and treatment services (satellite center)
b) Provide additional space (parkhome) in Orange Farm for HIV care and treatment services
c) Open a satellite HIV care and treatment program in Pary
d) Implement a new patient data system to accurately collect routine HIV care and treatment data – including equipment where necessary.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7490

Related Activity: 13711, 13712, 13713, 13715, 13716, 13714, 13817, 13753

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22646	3832.22646.09	HHS/Health Resources Services Administration	Catholic Relief Services	9747	2790.09		$3,883,619
7490	3832.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		$1,400,000
3832	3832.06	HHS/Health Resources Services Administration	Catholic Relief Services	2790	2790.06		$1,219,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13817	13817.08	6623	4105.08	SACBC	South African Catholic Bishops Conference AIDS Office	$485,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting
* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food	$420,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	33,248	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4616.08 **Mechanism:** N/A

Prime Partner: CARE International **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 7873.08

Activity System ID: 13704

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $2,437,830

Activity Narrative: SUMMARY:

CARE will continue its work in building HIV and AIDS competence of civil society organizations (CSOs) who deliver HIV-related care services in South Africa. CARE aims to scale up palliative care by administering and managing 26 small grants and targeted technical assistance to identified grantees to scale up HIV-related palliative care services in organizations that are unable to receive direct funding due to limited capacity. Minor emphasis activities include community mobilization, training and development of networks.

BACKGROUND:

The CARE Letsema project is part of a five-year project, which started in October 2005. CARE in FY 2008 will geographically expand implementation further into the Free State (along Lesotho border) and Limpopo border along the Great Limpopo Tranfrontier Park. In FY 2008 other changes will occur, namely, expansion into Mpumalanga, and southerly along the Great Limpopo Transfrontier Park along the borders shared with Mozambique and Swaziland. Technical program areas are supported by small grants and technical assistance for that program area, directly through CARE, as well as through identified Sectoral Education and Training Authority (SETA) accredited partners with specialized expertise in HIV-related palliative care and support. Since FY 2006, Letsema has been working primarily in the eastern Free State near the Lesotho border and will continue to work in this area.

ACTIVITY 1: Strengthen Delivery of Quality HIV-Related Palliative Care Services

Targeted training and mentoring support will be provided to selected organizations to address the clinical, physical and psychological care of HIV-infected individuals, and the psychological, spiritual and social care of affected family members. Technical emphasis will be supporting CSOs to appropriately message, provide and/or refer for elements of the basic preventive care package including prevention with positives. The aim of this activity is to build a more integrated HIV response that responds to the family as a whole and promotes increased coordination of services within the community, facilitating greater uptake and utilization of health and social government services such as HIV counseling and testing, treatment and social assistance. CARE aims to strengthen the referral network within each of the organizations it supports. This is an integrated response that promotes community mobilization, awareness and implementation of HIV prevention, care and treatment support activities as a continuum. Service delivery will be strengthened, and quality and success rates in accessing government services will be improved by:

(1) placing salaried professional staff (nursing supervisors and social workers) together with sub-partners and contracted specialists to train and mentor staff and volunteers to improve the clinical component of home-based care within the government's specified guidelines and curriculum;
(2) technical support to CSOs emphasizing the messaging, delivery and/or referral for evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening), counseling and testing for clients and family members, malaria prevention with ITNs (where appropriate), safe water and personal hygiene strategies to reduce diarrheal disease, nutrition counseling and supplementary feeding (where clinically indicated) or referral for nutritional and food support, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, and appropriate child survival interventions for HIV-infected children. The package of services also includes basic pain and symptom management, psychosocial support, treatment support for OIs (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART) and psychological, spiritual and social support of affected family members; and,
(3) strengthening collaboration among government departments at district and provincial levels to ensure access to basic healthcare, ART, legal documentation, state income grants, support for staying in school, and volunteer stipends and improved service coordination; and develop workplace support and supervision for volunteers.

CARE as part of the social service category will expand its savings and lending model, as well as income generation training to households of HIV-infected people to generate an income to deal with the shocks and stressors of HIV and AIDS, consumption and asset building (which includes productive income). Both economic products serve social support functions to deal with issues like that of stigma, discrimination, child rearing, death and hardship that HIV-infected people and their families encounter. A gender analysis of the savings and lending groups through Local Links has revealed that 98% of the beneficiaries are women. Once these women have met their families' basic needs for food, school fees, transport to clinic and medication etc. the savings and the interest earned is put to productive use through income generation activities. This activity addresses gender issues through ensuring equitable access to HIV-related care services for both men and women and encouraging male involvement and mobilization of community leaders throughout the program.

ACTIVITY 2: Capacity Building

The activity combines organizational development training and mentoring to enhance institutional strengthening identified of CSOs to improve organizational functioning and service quality. The program will achieve this through an innovative combination of capacity building approaches including training workshops, mentoring, cross-visits, and organizational technical assistance. The proposed intervention will minimize one-time training and workshops and will develop longer term activities to strengthen CSOs and networks, ensuring sustained capacity building and joint learning. Organizational capacity will be strengthened to improve institutional functioning by (1) undertaking organizational assessments (human resources, policy development, project management, finance and governance) of each of the participating CSOs; (2) developing clear organizational/human development training and mentoring plans to address gaps emerging from the assessment; and (3) providing training in project management, basic book-keeping, narrative and financial reporting, monitoring and evaluation. These activities are key to increase sustainability by building local organization capacity.

ACTIVITY 3: Management of Sub-Grants

The activity provides and manages sub-grants to 26 CSOs, to sustain operations through improved fundraising and coordination. The activity aims to increase access to resources for small CSOs that do not meet the criteria of government and/or international donors, but that provide valuable care and support

Activity Narrative: services at the community level in a culturally appropriate manner.

ACTIVITY 4: Improved Networking and Coordination Among CSOs and Related Stakeholders

The activity supports sharing, cross learning and co-ordination of services among partners and related stakeholders at district level. CARE and partners will continue to interact with government departments and structures for improved access to services for HIV-infected people, their families as well access to resources for CSOs.

ACTIVITY 5: Implement Basic Package of Care

CARE will support the implementation of the Basic Package of Care for individuals infected with HIV but not yet eligible for ARV treatment, as well as individuals who are ready and eligible for ARV treatment but for whom there is no immediate access to services. Services includes spiritual, social, psychological, clinical and prevention for HIV-infected persons and their families. CARE will do this by providing small grants to CSO to form support groups for PLHIV where they will receive a structured program of HIV-related palliative care as approved by PEPFAR and the National Department of Health South Africa. This structured program comprises the Basic Package of Care. CARE will work closely with the Department of Health in Mpumalanga to identify these CSO for funding.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

This activity will increase civil society organizational capacity to deliver quality basic healthcare and to expand access to quality palliative care services, thereby addressing the priorities set forth in the USG Five-Year Strategy for South Africa. In addition, the people receiving care and support will contribute to the care portion of the 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7873

Related Activity: 13701, 13702, 13707, 13703, 13705, 13706

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22635	7873.22635.09	HHS/Centers for Disease Control & Prevention	CARE International	9742	4616.09		$2,456,389
7873	7873.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	$1,300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510
13702	12253.08	6577	4616.08		CARE International	$28,226
13705	12511.08	6577	4616.08		CARE International	$0
13706	12417.08	6577	4616.08		CARE International	$211,824

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$12,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	26	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	60,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	450	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Limpopo (Northern)

Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 190.08

Mechanism: N/A

Prime Partner: Aurum Health Research

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: 3323.08

Planned Funds: $1,150,000

Activity System ID: 13684

Activity Narrative:

SUMMARY:
Aurum's palliative care program provides care to patients infected with HIV following HIV counseling and testing, and screening for treatment eligibility in accordance with South African Government (SAG) guidelines. The facilities where palliative care is provided include general practitioners' clinics, non-governmental clinics and public sector sites. These sites are located mainly in the Gauteng, North West Mpumalanga and KwaZulu-Natal. Patients are also assessed for opportunistic infections and eligibility for ART and provided with preventive therapy i.e. INH and cotrimoxazole. Emphasis areas include human resources, commodity procurement, logistics, quality assurance and training. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth.

BACKGROUND:
This is an ongoing program funded by PEPFAR since October 2004. The PEPFAR-funded project aims to rapidly expand access to HIV care and treatment to South Africans living with HIV, and especially in areas (such as mining areas) where Aurum is familiar and other partners are less likely to work. Aurum has established a number of general practitioner (GP) clinics which are capable of providing care to large numbers of HIV-infected individuals and achieving high quality results. In order to ensure sustainability of this model, Aurum has partnered with Faranani Solutions, a network of general practitioners from a previously disadvantaged population. Advantages of this model, now termed the Auranani model, are that Aurum has been able to secure lower consultation rates for GPs and GPs are encouraged to provide assistance at their local hospital clinics. The presence of trained individuals in these public health facilities will enable the transfer of knowledge to nurses and doctors in the public sector. It is hoped that this model can be used to rapidly scale up delivery of HIV services in South Africa, in partnership with government efforts. Sites are located throughout the country, but are concentrated in Gauteng, North West province and KwaZulu-Natal. There is only one site each in the Northern Cape and the Western Cape. A further extension of Aurum's program is to include care and treatment services in HIV prevention trial sites of the Aurum Institute in the North West and KwaZulu-Natal. Thus patients are being diagnosed in early stages of their disease and are being counseled and prepared for antiretroviral therapy (ART) and palliative care. In both these provinces there is a close collaboration with SAG, and patients are referred to public sector facilities for ART initiation. These clinics are will be used in the future as down referral facilities In FY 2006 Aurum fostered new relationships with non-governmental organizations (NGOs) and public sector sites. A number of primary healthcare clinics attached to NGO and faith-based organizations (FBOs) have been established. Metro Evangelical Services, a sub-partner, is a FBO providing training, housing and health services for the homeless and street youth of Hillbrow, Johannesburg. An HIV center has been established to provide CT and HIV services to this population. In Gauteng, a contract has been concluded with Chris Hani-Baragwanath hospital for support and a contract for extension of these services to other parts of Gauteng is being negotiated with the provincial health departments. In the North West, Aurum supports the provision of HIV Care at Tshepong Hospital through the provision of medical and nursing staff. In addition, through the establishment of a walk-in clinic at Jade Square in Klerksdorp Aurum provides care for HIV patients that are not able to currently access care through the public hospital. Aurum has met with the KwaZulu-Natal Department of Health about sites attached to the Medical Research Council. Furthermore, in Mpumalanga, one of Aurum's sub-partners, Reaction Consulting, has worked with the provincial health department to strengthen support for Ermelo Hospital, and in the Northern Cape, Aurum's public-private partnership with De Beers Consolidated Mines in the Danielskuil area has been discussed. In the Limpopo area, discussions are underway with Anglo Platinum and the Limpopo Department of Health to provide support to a down-referral clinic based in the Capricorn district close to one of the Anglo Platinum mines. Aurum intends to continue to support the Department of Correctional Services in Johannesburg but also to expand activities to other Gauteng-based correctional facilities, namely Pretoria. A number of Aurum's sites, Caritas Care, MES and Duff Scott collaborate with the local health departments that provide funding for inpatient care to palliative care patients. In FY 2008, the SME project will commence the provision of care and support services to HIV positive SME employees including market traders and taxi drivers and their partners and dependents in targeted sites in Gauteng, Mpumalanga and Limpopo provinces.

ACTIVITIES AND EXPECTED RESULTS:
PEPFAR funding will be used to fund all central staff responsible for monitoring and evaluation of the program. FY 2008 funds will also be used to provide training and human resources at the sites. Focus areas of training include how to run support groups, disclosure and stigma, special counseling situations such as couples and children, and the prevention of mother-to-child transmission. Care will be provided through occupational health care clinics, the mobile vehicles, the GP network and at the fixed service points such as Bree Street site.

ACTIVITY 1: Monitoring for Opportunistic Infections
At each of the patient visits, a full physical examination including pain and symptom management of the patient is conducted to exclude the existence of opportunistic infections (OI). If a client presents with an OI, further investigations and management of the infection including the provision of cotrimoxazole may occur at the site, or the patient may be referred to another healthcare service. Adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) is also part of the package of services. Effort will be made to ensure equitable access to care services for both males and females.

ACTIVITY 2: Provision of Prophylactic Medication
Patients with CD4 below 200 will receive elements of the preventive care package including cotrimoxazole preventative therapy. It is expected that 30% of all patients receiving palliative care will be receiving cotrimoxazole preventive therapy.

ACTIVITY 3: Psychosocial and Spiritual Support As part of a holistic approach to palliative care, patients receive counseling by trained staff member at each clinic visit. A psychologist, a dietician and a social worker based within the central office is responsible for education, training and support of site staff. Some of the sites have established psychological and spiritual support groups. The Basic Package of Care including acceptance of status, disclosure, prevention with positives, opportunistic infections, adherence counseling, treatment literacy and nutrition counseling will be included at all Aurum funded sites (private sector).

ACTIVITY 4: Work with prisons
Aurum provides technical assistance to the Department of Corrections in Gauteng province in three areas: 1) assist in the development of the ART and care delivery system, 2) training health care workers on ART and holistic palliative care, and; 3) development of a data management system to track prisoners who are

Activity Narrative: receiving ART and care support. Patients will be encouraged to bring family members in the facilities. Training on couple counseling and counseling for children is given to the health providers. Family members will be encouraged to test for HIV and will be provided education and counseling on HIV and TB. Those family members that test HIV positive will be enrolled into Aurum's care program and will be provided with all the services as already described above. In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services. Aurum's palliative care services contribute to the PEPFAR goals of 10 million people in care by increasing the quality of care.

ACTIVITY 5: Work with SME Employees
Aurum has established a project that strengthens the provision of services to SME employees, their partners and dependents initially within the Johannesburg CBD. The project will be expanded to an additional site in Gauteng as well as to Witbank and Polokwane. Aurum has developed partnerships with the Johannesburg City Council and with individual companies that have existing occupational health care clinics. Utilizing these partnerships and the mobile vehicles and GP network, HIV positive clients will be screened for the presence of opportunistic infections, provided prophylactic therapy and provided education on nutrition.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7300

Related Activity: 13689, 13690, 14339, 13685, 13686, 13687, 13688, 13909

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22606	3323.22606.09	HHS/Centers for Disease Control & Prevention	Aurum Health Research	9737	190.09		$1,019,450
7300	3323.07	HHS/Centers for Disease Control & Prevention	Aurum Health Research	4369	190.07		$1,000,000
3323	3323.06	HHS/Centers for Disease Control & Prevention	Aurum Health Research	2626	190.06		$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13909	8257.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,348,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13687	2913.08	6574	190.08		Aurum Health Research	$3,651,000
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	124	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	33,647	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	520	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Gauteng
KwaZulu-Natal
Northern Cape
North-West
Eastern Cape
Free State
Limpopo (Northern)
Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2787.08

Mechanism: N/A

Prime Partner: Absolute Return for Kids

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: 12351.08

Planned Funds: $824,500

Activity System ID: 13344

Activity Narrative: SUMMARY:

Absolute Return for Kids' (ARK) focus is to provide a comprehensive palliative care package for services to HIV-infected mothers and their children through partnerships with local government health facilities. ARK's primary emphasis areas are human capacity development, local organization capacity development, and construction/renovation. The target population is people living with HIV and AIDS.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and poverty.

ARK's mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS. In partnership with the KwaZulu-Natal Department of Health (KZNDOH), ARK, as the implementing partner, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with the KZNDOH to identify sites and areas for capacity building, including human resources, modest infrastructure support, and organizational capacity development. PEPFAR funding has enabled ARK to successfully enroll over 15,000 patients in ART in KZN with about 12000 remaining in care at ARK supported sites.

FY 2008 funding will enable ARK to expand its established ARV treatment program to include a comprehensive range of palliative care services. These services will be supported by improvements in the infrastructure of targeted sites, and the provision and training of human resources in partner health facilities to further strengthen their capacity to deliver quality care and support for HIV-infected mothers and their children. ARK provides palliative care services in accordance with South African national treatment guidelines.

ACTIVITIES AND EXPECTED RESULTS:

ARK's primary objective is to keep mothers alive to continue caring for their children. The primary caregiver's continued survival and potential ability to earn a living while receiving ARV treatment will have a substantial impact on the extended family.

ACTIVITY 1: Support to KZNDOH

ARK works with the KZNDOH to develop the necessary processes and systems to manage the palliative care program, to ensure that the model created is scaleable, sustainable and replicable elsewhere. Capacity-building is site specific. Upon identification of a site, an analysis of the needs of each site will be done with respect to staffing (doctors, nurses, pharmacists and pharmacy assistants), clinical equipment, management systems, patient advocacy and temporary structures. The most pressing requirements are met in order to speed up the ability for patients to receive treatment. Where necessary ARK provides support in the ARV site and pharmacy accreditation process.

ACTIVITY 2: Human Capacity Development

ARK will conduct a thorough needs analysis of human resource capacity prior to initiating support to the palliative care program at each site and recruits all the necessary medical and support staff required for the successful rollout of services. The staff recruited varies from site to site but include doctors, nurses, pharmacists, pharmacy assistants, medical technologists, facility-based counselors, and patient advocates. For all key staff, ARK will provide training and follow-up refresher courses cover all aspects of ARK's palliative program including employee and volunteer policies and procedures, onsite mentorship from experienced ARK staff, and an introduction to key performance areas. The specific topics covered include: counseling and testing, screening for pain and symptoms, screening for OIs including the provision of cotrimoxazole prophylaxis, symptom control and management of opportunistic and sexually transmitted infections, nutritional assessment and counseling, adherence support, as well as the value of community access, prevention with positives, referral and patient advocacy. Staff are invited and encouraged to attend formal training offered by external providers including other PEPFAR partners such as the Hospice Palliative Care Association (HPCA) and Foundation for Professional Development (FPD).

ACTIVITY 3: Clinical Care

ARK's palliative care program focuses on a network of clinics operating within a district, in order to create a sustainable and efficient system that supports the continuum of care and up and down referral. ARK-employed doctors and nurses provide comprehensive treatment management including patient uptake, doctor consultations, counseling and testing, TB screening and management, pain management and symptom control, treatment of opportunistic and sexually transmitted infections including the provision of cotrimoxazole, lab testing and patient education. Pharmacists are responsible for the dispensing of medication.

As part of the palliative care package for HIV-infected individual, individuals accessing ARK's services will be staged and entered into ARK's ARV treatment program. All patients with a CD4 count of <200 will be referred to ARK's ART program to confirm their eligibility for treatment. The program's medical and psychosocial criteria are designed to ensure that the patient is prepared and ready to adhere to ART. All patients being assessed undergo a treatment literacy program and are educated about positive living. Patients are encouraged to motivate their partners/spouses to get tested and, if necessary, enter the treatment program. HIV-infected patients, not in-need of ARV treatment and not with active TB, will be offered isoniazid prophylaxis, monitoring, and ongoing counseling support for 6 months. At the end of the 6 months, these patients will be reassessed for further treatment. Although ARK's treatment target population is predominantly mothers and children, increased attention is being given to encourage and increase male partner (and men in general) participation.

ACTIVITY 4: Family-Centered Care and Support Services.

Activity Narrative:

In an effort to encourage adherence among mothers and ongoing care for their infants, ARK's program takes an integrated, family-centered approach to care and extends support (including treatment literacy and prevention education) to all members of a patient's household. Together, trained facility-based counselors, patient advocates and community health workers (CHWs) counsel patients and their partners on treatment literacy, positive living, nutrition, safe infant feeding practices, and safe sex. CHWs conduct pre-treatment home visits and provide ongoing psychosocial support to patients and their families. They also promote and support disclosure to partners and family, partner testing and facilitate treatment access. CHWs are required to facilitate support groups for their clients and ensure that all patients and their families have access to spiritual care, psychosocial support, prevention messaging including prevention with positives, nutritional counseling, economic assistance (government grants), and protection services, when required.

ACTIVITY 5: Reporting and Quality Assurance/Improvement

ARK provides computers and employs data capturers at all sites. Data is captured from patient folders and transferred to ARK's data center, allowing for ongoing evaluation and outcome analysis. Adherence rates, death rates and loss to follow-up are closely monitored. Quarterly updates are provided to the KZNDOH and information is used within the clinics to strengthen service delivery. To ensure high standards and quality of care in line with the national guidelines, all ARK staff are provided onsite, on-the-job training. This is followed up with regular onsite mentorship and site evaluation by ARK's national executive and provincial management teams. Informal training sessions are conducted quarterly by national staff. Staff are also encouraged to attend formal external training courses offered by FPD.

These activities contribute to PEPFAR's 2-7-10 goals by increasing the number of South Africans receiving palliative care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12351

Related Activity: 13355, 13345, 13346, 13347, 13348, 14253, 13798, 13753

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22554	12351.22554.09	U.S. Agency for International Development	Absolute Return for Kids	9722	2787.09		$1,452,615
12351	12351.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13355	13355.08	6447	2787.08		Absolute Return for Kids	$727,500
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13347	7883.08	6447	2787.08		Absolute Return for Kids	$194,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	43	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	56,556	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	310	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4626.08

Mechanism: N/A

Prime Partner: African Medical and Research Foundation

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: 12360.08

Planned Funds: $194,000

Activity System ID: 13372

Activity Narrative: SUMMARY:

The African Medical and Research Foundation (AMREF) will strengthen the capacity of South African district government departments, Child Care Forums (CCFs), NGOs and CBOs, and service providers to provide quality and accessible care and support for family members and caregivers through training, mentoring, awareness raising and advocacy. Emphasis areas for this program are local organization training and capacity building. Target groups for the program include family members and children older than 18 years, caregivers of OVC, community and public sector health and social service workers.

BACKGROUND:

AMREF is an international health and development NGO working in East and Southern Africa. In South Africa, AMREF previously worked in Mpumalanga from 2001 to 2004. This work focused on strengthening community caregiving infrastructures for OVC, including the improvement of capacity and integration of service providers and government departments. Building on the OVC initiative in Kwazulu-Natal and Limpopo province, AMREF has formed partnerships with key government and civil society stakeholders in both Limpopo (Sekhukhune district) and KwaZulu-Natal (Umkhanyakude district). In these two particular districts, in which 55% and 57% respectively of the population are under the age of 18. According to the 2006 antenatal survey, KZN has the highest HIV prevalence rate in the country at 20.6% whilst Limpopo has a prevalence rate of 11.7%. AMREF has identified the need to develop a comprehensive program to address the needs of other family members of HIV-infected individuals and OVC who are in need of palliative care services. The project will be implemented in Kwazulu-Natal where the OVC project is being implemented. AMREF's work is closely aligned to the aims of the Department of Social Development's National Action Plan for OVC and the HIV and AIDS and STI National strategic plan 2007-2011.

ACTIVITY 1: Comprehensive Care for Family Members

The project will seek to facilitate access to health services to address needs of children and adults over 18 who are no longer classified as OVC under the South African constitution as well as PEPFAR guidelines. The palliative care project recognizes that, while formal health services may provide episodic advice and medical and material supplies, only community supporters/carers provide continuous patient care. Currently, partners that AMREF is working with already have volunteers who are already offering home-based care services, these volunteers will be trained to assess family members in need of palliative care services since there are already dealing with and have experience in the provision of palliative care. These services include assistance on how to manage common conditions associated with HIV and AIDS opportunistic infections e.g. dealing with pressure sores, wound dressing etc. In addition, assistance will be provided on how to deal with stigma and emotional trauma, grief management, assisting family members to prepare for death psychologically, spiritually and physically. In addition, any households with family members in need of palliative care that will have been identified by the OVC supporters will be given to the home-based care volunteers for them to be entered into the palliative care program. The same will apply to any OVC who will have been identified by home-based care supporters. Particular attention will be given to child headed households and elderly headed households that may have a limited capacity to respond to the needs of the sick family member. OVC will be counted in the OVC program area and eligible family members will receive at least two categories of service from clinical/physical, psychological, spiritual, social and preventive care.

1.1 Recruitment and Training of Volunteers
The project will not recruit new volunteers to implement the palliative care intervention but will utilize the already existing volunteers who are already working on the home-based care intervention. Volunteers will be encouraged to work within the neighborhoods where they reside in order for them to cover the area adequately as well as minimize traveling time and concentrate on service provision. Training of volunteers will be aimed at strengthening the services that they are already delivering under the department of health's community home-based care program. This training will cover areas such as general health, common diseases, health and hygiene as well as nutrition and wellness. In addition, AMREF will use its home-based care manual to train volunteers in the delivery of home-based care services. Furthermore, volunteers will be trained in the delivery of non-clinical services such as psychosocial support, health education as well as basic HIV and AIDS prevention education for the family members. Care workers and providers will be trained to conduct basic health care needs assessments, provide first aid and refer for clinical services that include screening for pain and symptoms, diagnosis, doctor consultations and treatment. Carers will link with local clinics and hospitals to ensure the provision of quality follow-up support for sick family members. AMREF will link with established service providers in the area to provide clinical care for patients and family members in need. One provider that AMREF intend collaborate with is Mpilonhle which is based in Mtubatuba and operate a mobile medical unit and thus are best placed to conduct clinical assessments of patients identified by AMREF's trained care supporters. The Africa Center will also be a potential AMREF partner on the palliative care project.

1.2 Non Clinical Services Provided
Some of the services that AMREF's partner will provide include psychosocial support and counseling services to clients identified within the home. Family members will also be taught on how to deliver home-based care services to build their capacity to give palliative care to family members in the absence of the community care supporters. Some of the services that they will be trained to deliver include medicine administration, providing social and psychological support as well as how to deal with common conditions such as skin conditions, bed sores, diarrhea, nausea and mouth infections as well as pain management. Family members will also be provided with HIV prevention education to reduce the likelihood of infection during the process of giving care to the sick family member. Other services that will also be provided include home cleaning and washing services and food preparation. AMREF's role on the program will be to provide technical assistance to partners in the implementation of the program. Technical support will be focused on training of the partners' volunteers in the delivery of palliative care services. The training will focus on monitoring and evaluation of their activities concerning the services that clients receive including training in supervisory techniques aimed at ensuring that volunteers work and deliver the appropriate services to clients as well as ensuring that services are of an exceptionally high standard.

ACTIVITY 2: Wellness Programs for Caregivers

Activity Narrative: The wellness model that AMREF will implement for caregivers will empower caregivers and help them develop healthier lifestyles and enhance wellness in both the individual caregivers as well as their families. AMREF will also use PEPFAR funding to conduct wellness programs, in collaboration with sub-partners, for volunteer caregivers through facilitating linkage with the health care centers and Counseling and Testing centers (clinics/hospitals) to ensure that carers receive the non-clinical (psychosocial support, spiritual counseling, nutritional counseling) and clinical care (screening, diagnosis, doctor consultations, treatment, and follow-up care) required. Volunteers will seek to transfer the knowledge and the skills that they will have received from AMREF so that family members are able to provide care and support to family carers. AMREF will also work with the CBO partners and the health care centers to develop support groups to share coping skills and provide a support system for caregivers. Community care supporters will be encouraged to form community carers forums aimed at building solidarity among care supporters, reduce burn out and improve service delivery to clients. The community care forums will also present opportunities for care supporters to socialize; provide each other with literacy training; health education; coping advice; counseling and social support.

ACTIVITY 3: Capacity Building for Community partners

AMREF will continue to develop the capacity of community-based organizations by strengthening training and systems development, support and follow-up for CBOs/NGOs engaged in palliative care and OVC service delivery, including financial management, program and management skills, leadership and governance and resource mobilization training. AMREF will train the selected partner organization selected NGO workers and community care workers in psychosocial support and counseling for family members of HIV-infected and OVC.

These activities will contribute to the PEPFAR goal by providing care to 10 million people who are HIV-infected and family members of HIV-infected and OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12360

Related Activity: 13373, 14028, 14253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22573	12360.22573.09	U.S. Agency for International Development	African Medical and Research Foundation	9728	4626.09	AMREF	$169,520
12360	12360.07	U.S. Agency for International Development	African Medical and Research Foundation	4626	4626.07		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
13373	6562.08	6454	4626.08		African Medical and Research Foundation	$2,231,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	450	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 416.08 **Mechanism:** N/A

Prime Partner: Broadreach

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3007.08

Activity System ID: 13693

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $1,000,000

Activity Narrative: SUMMARY:

BroadReach Health Care (BRHC) activities include doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance monitoring, training for both patients and health professionals, support groups and data management. Basic Care and Support activities are in support of individuals participating in an antiretroviral therapy (ART) program, largely representing the population of those HIV-infected, but not yet eligible for ART. The major emphasis is on human resources with minor emphasis on quality assurance and training. These emphasis areas are realized through clinical and non-clinical services, human capacity development, quality assurance, referrals and linkages and South African Government (SAG) support including meeting equipment, infrastructure and human resource needs. Primary target populations include people living with HIV and AIDS (PLHIV) and their families/households, program managers, public and private doctors, nurses, laboratory workers, pharmacists, other health care workers, the business community/private sector, CBOs, FBOs, and NGOs.

BACKGROUND:

PEPFAR funds support BRHC initiatives which provide HIV and AIDS clinical management, care and support services to HIV-infected, uninsured individuals in public sector government facilities and areas where the SAG ART roll-out has not yet reached or where there is high demand. The BRHC PEPFAR program began in May 2005 and now operates in 15 communities across five provinces. Today, BRHC is supporting approximately 3,500 individuals directly with care and treatment and 15,000 indirectly. The BRHC mission is to tap into private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives and service delivery within the public health system, and partnering with and supporting community-based programs with sustainable impact on long-term patient care. BRHC leverages the community-based PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. In addition, BRHC works to build capacity in public health facilities, focusing on human capacity development including clinical training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of additional staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with FBOs, CBOs, and as a partner in innovative public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of this program area is to ensure that new patients are started on ART when clinically qualified and enrolled patients continue to receive outstanding care and support.

ACTIVITY 1: Clinical Services

BRHC patients will be treated in accordance with SAG ARV National Guidelines and provided regular doctor visits, laboratory tests, HIV and AIDS education, counseling, TB screening, and cotrimoxazole prophylaxis. Using a family-centered approach, BRHC will recruit eligible family members of HIV-infected patients - including greater numbers of men and children - in order to improve the health of families/households and facilitate family doctor visits and drug pick ups. Care includes the preventive package, symptom and pain management, a care support program (during the time from when a patient finds out his or her HIV-infected status until eligible for ART), are care during and after the initiation and possibly failure of ART. Patient nutrition and wellness needs will be met by the provision of multivitamin supplements, and doctor, patient and facilitator training in nutrition.

ACTIVITY 2: Human Capacity Development

1) BRHC will continue to provide training to its network of providers including doctors, nurses, pharmacists and other healthcare professionals through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and clinical mentoring from experienced HIV and AIDS clinicians. Comprehensive HIV and AIDS training for health professionals includes ART Management, TB, adherence support, management of complications and side-effects, prevention and pediatric HIV management.

2) BRHC will continue to focus on community training on topics including HIV and AIDS, ART, adherence support, living positively and prevention with positives, universal precautions and accessing psychosocial support in communities. BRHC will continue to train support group facilitators on topics including HIV and AIDS, ART, adherence, disclosure, and linking patients with psychosocial services in the community.

ACTIVITY 3: Support to SAG

BRHC will support capacity development for care and support services at partner SAG facilities. According to SAG articulated needs, these services will include commodity procurement, healthcare financing, human resource recruitment and salary support (for doctors, nurses, pharmacy staff etc.), BRHC doctors providing temporary services at SAG facilities, training of SAG staff in HIV care and treatment and/or ART program management, and physical infrastructure building/refurbishment and equipment procurement. BRHC will work with SAG staff to improve operational efficiency in SAG facilities through needs assessments including identification of key bottlenecks and then generate and implement solutions. Additionally, BRHC will support SAG National Department of Health (NDOH) efforts, by assisting with development of down-referral models. Finally, BRHC will build on its existing public-private (PPP) model (SAG - BRHC - Daimler Chrysler) in East London and develop new PPPs to further involve small to medium enterprises in supporting employees and dependents in the communities where they operate, alleviating some of the burden on government services.

ACTIVITY 4: Referrals and Linkages

Development of linkages and referral systems will be provided through strengthened referral networks between the public and private sectors (including referring stable patients back to the SAG ARV program), assistance to local clinics to facilitate SAG down referral process. Finally, BRHC will continue to expand its community-based linkages with CBOs in order to refer patients in need of non-USG funded food parcels and other wraparound services intended to support patients.

Activity Narrative:

ACTIVITY 5: Quality Assurance/Quality Improvement (QA/QI):

Recognizing the critical role of monitoring and evaluation in ensuring a successful program, BRHC QA/QI activities include regular internal data and systems audits, collection of patient level surveillance data, exception reports, doctor-specific feedback report, and doctor decision-making support. The BRHC adherence program monitors and evaluates patient adherence through monitoring of drug pick up information, clinical reports, self-reported adherence, and pill counts.

All BRHC activities articulated in the FY 2007 COP will be scaled up significantly in FY 2008 through its partnerships with 15 SAG hospital systems (which include hospitals and affiliated CHCs and PHCs).

With FY 2008 funding, BRHC's palliative care activities will be expanded and enhanced as follows:

-BRHC will continue to support QA/QI at each of its public sector partner hospitals through QA assessments, systems re-engineering, and the development of reporting systems that provide program management feedback that is used to improve program performance and more closely monitor patient care.

-Strengthen down referral activities between public sector hospital partners and their affiliated clinics (PHCs) by re-engineering referral processes, improved data management and patient tracking, and training.

-Training for health professionals at all public sector sites (hospitals and PHCs)

-HIV and AIDS Literacy training for patients as part of community mobilization

-Expanded care and treatment activities through the BRHC PPP to additional Daimler Chrysler supply chain companies/employees and their families and communities.

-Staff augmentation: BRHC will provide additional salary support to fill key positions within SAG partner hospital sites. BRHC will also work with the site to motivate for the creation of permanent posts where needed and ensure that BRHC/PEPFAR supported staff are incorporated into subsequent site budgets to ensure a sustainable staffing solution

BRHC Basic Healthcare and Support activities directly contribute to the 2-7-10 objectives of supporting 10 million people with basic healthcare and support by expanding these services in South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7511

Related Activity: 13700, 13698, 13699, 13694, 13695, 13696, 13697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22615	3007.22615.09	U.S. Agency for International Development	Broadreach	9739	416.09		$873,814
7511	3007.07	U.S. Agency for International Development	Broadreach	4449	416.07		$800,000
3007	3007.06	U.S. Agency for International Development	Broadreach	2663	416.06		$751,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13699	13699.08	6576	416.08		Broadreach	$776,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13696	3133.08	6576	416.08		Broadreach	$737,200
13697	3006.08	6576	416.08		Broadreach	$14,326,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$42,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	35,000	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	150	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	38,050	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	625	False

Indirect Targets

In addition to its own treatment program, BroadReach indirectly supports patients who are provided care and support through the Aid for AIDS (AfA) care and treatment program. AfA is a private sector program providing workplace HIV programs for major companies in South Africa. Through BroadReach support to AfA, all patients benefit from enhanced care support, education, and monitoring.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**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: 3319.08

Planned Funds: $1,523,546

Activity System ID: 13731

Activity Narrative: SUMMARY:

Columbia University (Columbia) carries out activities to support implementation and expansion of comprehensive HIV treatment and care. The major emphasis area for this program will be human resources, with minor emphasis on infrastructure development, technical assistance and training, community mobilization, quality assurance and supportive supervision and strategic information. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), people living with HIV (PLHIV) and healthcare workers in the public and private sectors.

BACKGROUND:

Columbia, with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in South Africa, in 2004. HIV palliative care has included training of healthcare workers in providing standard care for opportunistic infections (OI) management, use of cotrimoxazole prophylaxis for common OIs, and the provision of information on when and where to refer for end-of-life care. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down-referral of services from hospitals to primary health clinics. This resulted in a total of 42 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health care (PHC) and an NGO-run care support center. In FY 2007 additional health facilities in KwaZulu-Natal (East Griqualand and Usher Memorial Hospital and the Kokstad Community Clinic) received technical and financial assistance for HIV care and treatment services.

In FY 2008 Columbia will expand its reach by providing basic care and support to PLHIV in Free State. The health facilities to be supported will be determined after negotiations with the Free State DOH.

ACTIVITIES AND EXPECTED RESULTS:

All activities are in line with South African Government (SAG) policies, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs and primarily include four activities:

ACTIVITY 1: Training and Onsite Clinical Mentoring

Currently healthcare providers rendering services at ART sites participate in ongoing didactic training events and are continuously supported with regular clinical and supportive supervision. In FY 2007 Columbia initiated a Nurse clinical training with emphasis on the development of a comprehensive HIV nurse preceptor (NP) training and support program. The outcome of this training was to have NPs; situated at the Columbia-supported ART sites, focusing on building the capacity and skills of facility-based nurses to deliver high quality HIV patient care and treatment including elements of the preventive care package for adults and children including OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease. Initially, trained NPs would be responsible for providing daily clinical guidance and constructive feedback, using custom designed assessment and training tools, to facility-based site nurses providing basic HIV patient care and treatment. In keeping with the Department of Health HIV and AIDS and STI strategic Plan 2007-2011 (NSP) objective of increasing the level of nurse participation in management of HIV individuals including those on ART - with nurses initiating ART in 20% and 50% of eligible HIV-infected adults in 2008 and 2009, respectively. The NP program has included: (1) one-week didactic training that includes clinical material currently in development by the WHO as part of their second-level, competency-based 'Integrated Management of Adolescent and Adult Illness' (IMAI) training program; (2) onsite mentoring of patient triaging, provision of complex care and treatment, modeling on how to conduct basic and complex patient case conferences, evaluation of nurses' basic HIV care and treatment skills and developing instructional plans to address the performance gaps and assisting NPs in practicing teaching; and (3) a series of at four continuing education sessions lasting two to three days.

By FY 2008 the first nurse mentorship initiative training would have been completed and Columbia will review the recommendations of this initiative to make a determination as to whether similar training activities need to be rolled out in the Eastern Cape, KwaZulu-Natal and/or in Free State.

ACTIVITY 2: Community-based Support

Columbia is involved in the implementation of Peer Educator (PE) programs to enhance retention into care and to maximize adherence to treatment. More than 30 Columbia-supported PEs are currently working at St. Patrick's, Holy Cross, Frere and Cecilia Makiwane, Dora Nginza and Livingstone Hospitals. PEs work under supervision of the ART site coordinator or his/her designee to provide: elements of the preventive care package, education on HIV and AIDS care, living positively; psychosocial counseling and emotional support; adherence to care and treatment support; promoting referral linkages to clinic/hospital and other networks; where possible conduct home visits; and attend PE-specific and general PLHIV support groups. Approaches to PLHIV support were initially centralized with the development of care support centers; the current implementation strategy through FY 2007 will be supporting the decentralization of PLHIV services.

In Free State, Columbia proposes to implement Peer educator programs, provide HIV clinical training and mentorship for health professional staff, support the design and implementation of HIV information system and support the integration of PMTCT and TB programs into HIV chronic care

ACTIVITY 3: Strengthening Program Integration Activities

District hospitals and public healthcare facilities have co-located TB, PMTCT and STI services, and integration activities to strengthen these services with holistic palliative care will be carried out in collaboration with the following programs at district and provincial levels:

a. PMTCT: Support early infant diagnosis through the use of dry blood spots (DBS) for PCR testing. This activity will include training PMTCT nurses in specimen collection, information gathering to assess the uptake of DBS and referral linkages of HIV-infected children to chronic care, ensure that HIV-exposed children receive cotrimoxazole. DBS training activities will be carried out in collaboration with the Local

Activity Narrative: Service Area authority and the National Health and Laboratory Services (NHLS).

b. TB: Support active TB case finding and referral for TB treatment for the TB/HIV co-infected. Columbia will support the implementation of TB screening and diagnosis algorithm for HIV-infected patients to include the adaptation of a simple questionnaire for use as a screening tool for active TB at the designated HIV clinics and incorporating the questionnaire into routine clinical care.

ACTIVITY 4: HIV Care and Treatment Information System

Columbia will continue to support the implementation of a provincial information system that captures information on HIV palliative care and ART. Activities in FY 2008 will include:

a. Implementation of facility paper-based non-ART registers that captures non-ART indicators. These facility registers will be introduced mainly at the primary and community health clinics that are designated by the provinces as down-referral sites for HIV care and ART services.

b. In collaboration with the Department of Health and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities.

c. Strengthen the paper-based data collection systems at HIV care and treatment sites in the Eastern Cape in preparation for computerization of a minimum set of key data elements.

d. Work with ART managers and facility site staff to support the utilization of information to improve service delivery and patient care.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

With FY 2008 reprogramming funds, Columbia will facilitate greater adherence and reduce loss to follow-up through starting a pilot to using text messaging with cell phones.

By providing basic healthcare and support to people in need in Eastern Cape, KwaZulu-Natal and Free State, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people. These activities also support efforts to meet the care and support objectives outlined in the USG Five-Year Plan for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7304

Related Activity: 13736, 13732, 13733, 13734, 13735, 13738, 13368, 13780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22748	3319.22748.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9785	2797.09		$943,764
7304	3319.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4371	2797.07		$1,350,000
3319	3319.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2797	2797.06		$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
13780	7887.08	6605	242.08	ACCESS	JHPIEGO	$720,000
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13738	3290.08	6589	4502.08	Track 1	Columbia University Mailman School of Public Health	$4,446,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	46	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,593	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,500	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Free State

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	167.08	**Mechanism:**	N/A
Prime Partner:	Africare	**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:	2909.08	**Planned Funds:**	$1,264,000
Activity System ID:	13376		

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project will continue to support home-based care, expand the number of clinics supported in the Lukhanji Local Service Area, and begin support in at least one other Local Service area. Facilitators of support groups will be developed and nutrition support through clinic and home-based gardens will be expanded. Documentation and planning of care and support will be supported by the development of an electronic database of clients. Palliative care services target all HIV-infected clients and their families, adults and children. Training largely targets South African-based volunteers and public sector nurses. FY 2008 will include a strengthened focus on holistic chronic care for all HIV-infected clients (from time of diagnosis) through empowering support groups in support and education and developing continuity of care interventions in clinics. This is part of the basic package of care for PLHIV.

BACKGROUND:

This is an ongoing activity, building on the deployment of Service Corps Volunteers (SCV) to assist clinic nurses with the supervision of home-based care, health talks and counseling in the clinics. Traditional healers have begun to refer clients for care and treatment, with some providing support to clients on treatment. Pastors and church leaders who were trained in HIV-related care have begun pastoral support to clients. Training of PLHIV as support group facilitators began in FY 2006. With non-USG leveraged funding, demonstration gardens and training in permaculture provided the basis for home- and community-based improved food security and nutrition by making nutrient-dense produce more readily available. A constraint to expansion has been funding for seeds, compost and implements from local government resources. Still, several PLHIV and families at each of eight clinics have begun to grow a combination of high-nutrient vegetables, along with appetizing and micronutrient-rich herbs. In FY 2007, support groups were formed and trained on basic support group management and PLHIV personal empowerment (acceptance of status, etc) in several communities and will provide a basis for continuity and accessibility to care. Continuity of care from the time of testing is being strengthened as a program enrolment and baseline process is being piloted in 3 clinics along with a format for care plans. Collaboration with Columbia University (ICAP) and the Health Systems Information Program (HISP) has led to the development of an electronic patient database that will be ready for deployment when the final Eastern Cape province Treatment Record has final changes made.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Improved Quality of Clinic and Home-based Care

Quality-focused care plans for HBC visits that were piloted with three clinics will be adapted and rolled out to additional clinics. Care plan formats and client enrolment records piloted will also be adapted and rolled out for use by clinic nurses to plan care throughout the client's disease. Home-based care supervision training modules will be presented to nurses, building on last year's work with the SCVs. Training in palliative care will include: evidence-based preventive care interventions which include the following: OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV. The package of services to be delivered includes basic pain and symptom management and referral for facility-based support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART) if needed. Prevention with positives interventions will be an important part of this comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. A social worker will train in basic counseling for clinical staff, volunteers and pastors. This will link closely with the psychosocial training under the OVC component. The provincially supported course implemented by the University of Fort Hare will be adapted with psychosocial support materials. Nurses and volunteers will be trained as they become available for training. Building on the initial training of PLHIV for support group facilitation, the project will refine support group facilitation training, guidance for PLHIV co-facilitators and orientation for nurses as a support resource; a) a guide for leading groups, b) a modular curriculum for facilitators, and c) information packs for use in groups. Effort will be made for the equitable access of services by males and females.

ACTIVITY 2: Develop a Culture of Managing Patients and Services using Data and Information

In collaboration with Columbia University, Africare has been developing a simple electronic database as a continuity register of HIV-infected clients, linked with the antiretroviral treatment component. A database development service provider (HISP) has been engaged to adapt software that will be open source and compatible with the local health information system, to populate the register, provide documentation on the data entry process, data element and indicator definitions, and to train data entry, health and program management staff. Funds will support software development, training and follow-up needed to effect sound implementation. Implementation, including training in software management as well as using data to manage patients and services will continue through FY 2008. HIV Service Review Guides will be drafted and piloted. It is expected that analyzed data will inform improved quality of the program.

ACTIVITY 3: Provide Direct Training for ECDOH and Africare Staff in Basic HIV and AIDS, CT, PMTCT and ART support

Training organized by the ECDOH has been extremely limited in quantity and frequency, hindering the basic development and certification of professional and volunteer staff. FY 2008 funds will support the establishment of Africare as an accredited training provider for the above areas. Training for Africare's volunteers can then be completed and ECDOH volunteers and professional staff will have an additional source of training made available to accommodate turnover and existing gaps.

ACTIVITY 4: Nutritional support through gardens

Activity Narrative: To promote quality, economical nutrition, through non-USG funding, the team will work with Lukhanji DOH to develop a local low-literacy cookbook (in Xhosa) and home economics guide. Clinic nurses and SCVs will be trained on the use of the guide. Cooking demonstrations will be established at clinics and selected churches on using nutritious foods, especially the foods and herbs from the permaculture gardens. Funding will support referral for nutritional support and monitoring as well as training clinic teams and as budget allows, outfitting modest kitchens, such as adding a table, stove or sink to existing clinic kitchens.

ACTIVITY 5: This initiative is to be managed and carried out by South Africa Partners, with technical input from JRI Health. The aim of this project is to promote early recruitment and retention of PLHIV into Care and Support programs. The lost to follow-up rate from the time of HIV diagnosis to commencement of ART|V therapy is 70%. PEPFAR partners will be trained on implementing a basic package of care services to PLHIV and their family from the time they are diagnosed HIV positive. This package will be implemented within support groups at community level. Expert patients will be trained on empowering their peers to better health seeking behaviors. The goal of the National palliative care program is to ensure the universal access to palliative to all PLHIV and family members especially those who do not qualify for ARV therapy thus establishing a continuum of care from testing HIV positive to end of life care.

FY 2008 activities will also include:

-implementation of a patient registration form for chronic HIV care;
-implementation of the new HIV Treatment Record (paper) developed by Columbia University ICAP for the Province;
-training, orientation, mentoring and tools development to expand support group roles and functions to include community-based support, wellness coaching, education and basic health assessment (as per the national DOH basic package);
-continuation of garden production coaching by SCV and support group members to assist in setting up home-based gardens
-integration of family planning, sexually transmitted infection and other reproductive health services into chronic HIV care; and,
-implementation of the basic package of care through support groups for PLHIV and orientation of clinic nurses.

Geographic changes will include a shift from Emalahleni to Nkonkobe Local Service Area (LSA), and possibly to Makana (Port Alfred) LSA, pending provincial decisions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7278

Related Activity: 13374, 13375, 13377, 13378, 13379, 13380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29099	29099.05	U.S. Agency for International Development	CARE International	11854	11854.05		$297,529
29098	29098.05	U.S. Agency for International Development	Catholic Relief Services	11853	11853.05		$119,751
29097	29097.05	Department of Health & Human Services	Ministry of Health, Kenya	11852	11852.05		$3,945,885
29096	29096.05	U.S. Agency for International Development	World Relief	11851	11851.05		$414,000
29095	29095.05	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	11849	11849.05	Track 1 OVC	$122,089
29094	29094.05	U.S. Agency for International Development	Africare	11850	11850.05	Track 1 OVC	$321,722
29093	29093.05	Department of Health & Human Services	Federal Ministry of Health, Nigeria	11848	11848.05		$1,826,380
29092	29092.05	Department of Health & Human Services	American Association of Blood Banks	11847	11847.05		$676,438
29091	29091.05	U.S. Agency for International Development	World Vision International	11846	11846.05	Track 1 AB	$101,985
29090	29090.05	U.S. Agency for International Development	World Relief	11845	11845.05	Track 1 AB	$306,000
22577	2909.22577.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7278	2909.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$800,000
2909	2909.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$887,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13375	7920.08	6455	167.08		Africare	$145,500
13377	3752.08	6455	167.08		Africare	$485,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13379	2910.08	6455	167.08		Africare	$388,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	397.08	**Mechanism:**	N/A
Prime Partner:	Africa Center for Health and Population Studies	**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:	2996.08	**Planned Funds:**	$727,500
Activity System ID:	13368		

Activity Narrative: SUMMARY:
The Hlabisa ART program aims to deliver safe, comprehensive, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa District, in rural KwaZulu-Natal province. Hlabisa District is characterized by a high HIV prevalence (about 22%), high HIV incidence, unemployment and poverty. Basic care and support services are part of the overarching HIV Care and Treatment program that is jointly run by the Africa Centre for Health and Population Studies, University of KwaZulu-Natal, and the Habisa District Department of Health (DOH). In FY 2008, the program will for the first time provide mobile palliative care teams that bring HIV care to people's homes and support the families of HIV-infected people. Major emphasis is on development of linkages and referral systems. This will be done through support to the SAG, clinical and physical care, home-based care and human capacity development.
BACKGROUND:
The Africa Centre is a department within the University of KwaZulu-Natal, fully funded by grants from mostly overseas institutions. The Program is based in Hlabisa sub-District, a rural health district in northern KwaZulu-Natal which provides healthcare to 220,000 people at one district hospital and 14 peripheral clinics. In September 2004 the program started delivery of ART in Hlabisa and has since expanded ART services to 14 clinics in the sub-district. The Africa Centre and KwaZulu-Natal DOH work to complement each other's abilities and resources in providing care and treatment. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. The district DOH has clinical staff and infrastructure on which to build a care and treatment program. The Africa Centre contributes nurses, treatment counselors and physicians to the DOH staff, organizes trainings, supports the management of the supply chain and conducts monitoring and evaluation in cooperation with the DOH. The Africa Centre's basic care interventions are largely focused on care support, the period from when a patient tests positive until such time as s/he requires ART. The basic preventive care package is part of the program, as is symptom and pain management.

With FY 2008 funds the Africa Centre will support the functions mentioned above and expand its support for the DOH. Specifically, Africa Centre involvement will strengthen the palliative care, TB/HIV Program, PMTCT, provision of ART and counseling and testing. Increased attention will be given to address gender issues and to promote the care and treatment services among men and children.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Support to SAG in Hlabisa District through home-based care
FY 2008 funding will be used to provide support to five existing home-based care organizations which are located in the least served areas within the sub-district. These HBC organizations are operating on an ad-hoc basis. They are made up of committed caregivers who are passionate about serving their community, but do not have access to resources or training opportunities. Africa Centre will ensure that the HBC organizations will not only take care of the patients, but assess the situations in the households and take care of other family members if necessary. The identified HBC organizations will also be located near DOH clinics where ART initiations are taking place in order that Africa Centre staff at the clinic can serve as a point of contact. The Africa Centre will facilitate the distribution of HBC kits and food parcels, supplied by DOH to the home-based care organizations.

Capacity building will play a major role in the support of the HBC organizations. Africa Centre will ensure ongoing supportive supervision and mentoring. Training will include DOH-approved HBC, ART literacy, social grants (process for referral of HIV patients who qualify for disability grants) and HIV Counseling, Funding will help to support volunteer stipends and equipment (i.e. computers and bicycles) to further enable these organizations to better manage and support their volunteers.

Funding will also go towards financing additional professional staff, including nurses and social workers who will constitute the core of a mobile team to provide home-based palliative care. In addition, funds will be used to finance a car, pharmaceuticals and other necessary supplies. The nurses in the mobile team will provide basic HIV-related care including prevention messages and symptom and pain screening and management, and the social worker will refer families for psychosocial services provided by the government (government food aid, government grants and the services of social workers). A partially financed physician will visit patients who need more specialized care. The target population for home-based care via the mobile team is non-ambulatory patients who cannot access treatment in clinics and ambulatory patients who request a home visit.

Africa Centre's involvement in the existing HBC structure within the sub-district will facilitate a more cohesive referral system between the DOH, AC and HBC organizations. It will ensure that more home-based caregivers are provided with essential training and resources to better serve the needs of PLHIV in their communities.

ACTIVITY 2: Clinical and physical care
HIV-infected people who are not yet eligible for ART will receive palliative care consisting of screening and treatment of TB, screening for pain and symptoms and elements of the preventive care package such as prophylactic treatment with cotrimoxazole, INH and fluconazole. Africa Centre supported HBC organizations will provide ongoing care and monitoring support, including counseling. Patients will be advised to return to the clinic every six months for a CD4 test and clinical assessment. DOH funds are used for laboratory services (CD4 counts, viral loads, and routine and routine blood and urine tests) and drugs (ARV medication, drugs to treat and prevent opportunistic infections (OIs), and drugs to treat non-HIV-related diseases in HIV-infected patients). Patients on ART and those who are monitored for ART eligibility will be referred to a physician for further care if required. A pharmacy assistant will be trained to assist the DOH pharmacist to facilitate faster treatment of OIs and pain.

ACTIVITY 3: Nutrition
All participants will be referred for nutritional assessment and monitoring for food aid (Philani porridge, sugar beans) from the DOH. In order to ensure nutrition and food security, PEPFAR funding will be used to employ a dietician to teach families the basics of good nutrition. Volunteers will be recruited to train the community in nutrition and food preparation. Africa Centre will seek to establish public-private partnerships (PPPs) with other organizations (e.g. Kellogg Foundation, Garden Africa, Seeds for Africa) for sustainability of these activities.

ACTIVITY 4: Income generating programs for PLHIV

Activity Narrative: Poverty, unemployment and unpleasant socioeconomic status are prevalent to PLHIV in the area. Some are receiving disability grant which is still limited to meet their daily basic needs. In order to uplift their economic status and their nutrition there is a need for those able to be engaged in poverty relief projects/ income generating projects such as beadwork, woodwork, sewing, food gardens, poultry farming and sleep mats. Africa Centre has a Community Development Department, which has, over the past several years, successfully developed income generating programs in the rural area of Hlabisa Sub-district. PEPFAR funding will be used to strengthen the department through additional staff. These staff members will then develop business plans for the PLHIV groups and supervise their activities.

ACTIVITY 5: Referrals and linkages
In order to ensure delivery of holistic palliative care, counselors will be trained on available government support structures to link PLHIV and their families to other government programs, like screening for TB/HIV, PMTCT clinics, food aid, legal assistance and social workers, who can assist the families with applying for government grants.

ACTIVITY 6: Caring for Carers
ART Lay Counselors and Nurses are tasked with counseling and caring for patients affected and infected by HIV and AIDS. On a daily basis, during counseling sessions where they must disclose the patient's HIV status, they must deal with the trauma of the varied reactions of patients who are hearing for the first time that they are HIV-infected. To keep staff dedicated and motivated towards achieving their daily demands there is a need to minimize burnout and work-related stress. The Caring for Carers program aims to protect, support and care for employees tasked with caring responsibilities. The program started in FY 2007 and will have a focus on the new staff joining Africa Centre in FY 2008. The program will develop appropriate team building activities and staff retention strategies.

ACTIVITY 7: Human Capacity Development
The South African DOH and Africa Centre counselors and nurses in the hospital and clinics will be trained in all aspects of care according to government guidelines and standards. Refresher and on-the-job training will be provided as needed, keeping healthcare providers up to date in the delivery of care.

Due to the shortage of staff in the clinics and due to the increasing number of patients and increasing workload, additional staffing in clinics and the hospital will be provided.

ACTIVITY 8: Care Support Program
Services for the persons who have newly tested positive for HIV but are not yet eligible for treatment must be improved. A care support program will be established including: screening for TB, screening for STIs, PAP smears, treatment and prophylaxis of opportunistic infections, immunizations, nutritional information, counseling on family planning and help with grant applications.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7274

Related Activity: 13367, 13369, 13370, 13371, 13731, 14253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22568	2996.22568.09	U.S. Agency for International Development	Africa Center for Health and Population Studies	9726	397.09		$1,067,995
7274	2996.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		$350,000
2996	2996.06	U.S. Agency for International Development	Africa Center for Health and Population Studies	2659	397.06		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13367	7914.08	6453	397.08		Africa Center for Health and Population Studies	$339,500
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13369	7913.08	6453	397.08		Africa Center for Health and Population Studies	$291,000
13370	7911.08	6453	397.08		Africa Center for Health and Population Studies	$824,500
13371	2997.08	6453	397.08		Africa Center for Health and Population Studies	$2,619,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	17,720	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	80	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	6151.08	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**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: 12333.08 **Planned Funds:** $150,000

Activity System ID: 13362

Activity Narrative: SUMMARY:

As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance and grants administration for indigenous organizations that implement PEPFAR programs. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs that were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The main functions of the UGM program are: 1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is local organization capacity development and the primary target population is indigenous organizations.

BACKGROUND:

AED has extensive experience managing grants programs on behalf of USAID with PEPFAR funds. Prior to award of the UGM under the South Africa APS, AED was already managing grant programs funded with PEFPAR dollars in Ghana and Honduras, and providing TA and capacity building to PEPFAR partners on palliative care and OVC work in Mozambique and Kenya. In addition, AED has been sourced as USAID's exclusive partner for capacity building to the 23 NGOs funded under the PEPFAR Round One New Partners Initiative. As such, AED is well experienced in providing TA and capacity building on the broad array of technical areas related to PEPFAR programs, monitoring and evaluation, organizational development and finance management. In addition, AED has also been a key PEPFAR implementing partner in South Africa and is thoroughly familiar with working on HIV/AIDS program within that context. As a UGM partner, AED will not directly implement program activities, but rather act as a grants administrator, technical assistance provider, and mentor for sub-recipients, chosen by USAID, who in turn carry out the assistance programs. USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, AED's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments. Under AED, between 6 and 11 indigenous partners will be supported via sup-grants and technical assistance. Priority will be given to harmonize approaches and policies of these indigenous partners and preclude overlap of services. Grants to palliative care partners support government clinics and hospitals with human resources including doctors, nurses, pharmacists, and counselors. These partners also work closely with new and established hospices to ensure hospice accreditation in accordance with national and global standards of palliative care. Palliative care services supported by partners include holistic; family-centered; clinical, psychological, spiritual and social care services for PLHIV and their families, supported by multidisciplinary teams at facility and community levels. During their partnership with PEPFAR, these providers will increase their reach while also building sustainability of their own programs and organizations. This scale-up and support for sustainability requires strong financial, monitoring and evaluation, and management systems to accommodate growth in reach and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

Funds budgeted under this narrative will support costs for administering, managing and facilitating technical support for the palliative care partners. Separate COP entries describe the palliative activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and is designed to promote the sustainability of care programs and organizations.

ACTIVITY 1: Grant Management

AED will award and administer care grants to partners selected through a USAID/PEPFAR APS competitive process to implement HIV and AIDS activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, financial oversight, ensuring compliance with USG regulations, and grant closeout. AED will develop and monitor palliative care program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on palliative care project development and implementation, financial management, monitoring and evaluation, and reporting. A key result includes the development and monitoring of palliative care implementation plans which track critical program achievements in palliative care related areas such as service delivery, training, policy development, technical assistance, planning and evaluation.

ACTIVITY 2: Capacity Building

The umbrella mechanisms will support institutional and technical capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on external technical assistance and support and increased potential for sustainability.) AED will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing palliative care activities. AED will also assess and facilitate critical palliative care technical support for partners such as technical trainings, program reviews, technical planning and sharing of lessons learned. Emphasis will be placed on partner implementation of evidence-based preventive care interventions which include OI screening and prophylaxis (including cotrimoxazole, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling as well as pain and symptom management and support for adherence to OI medications and antiretroviral therapy (ART).

ACTIVITY 3: Monitoring and Evaluation and Reporting

AED will provide support to palliative care partners in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of palliative care program activities, an eventual achievement of PEPFAR goals. M&E support of palliative care partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of

Activity Narrative: information management systems. In addition, AED will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under this project will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12333

Related Activity: 13363, 13364, 13365, 13983, 13798, 16273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22563	12333.22563.09	U.S. Agency for International Development	Academy for Educational Development	9725	6151.09	UGM	$242,726
12333	12333.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13983	8244.08	6676	4749.08		Ingwavuma Orphan Care	$300,000
16273	16273.08	7311	7311.08		GRIP Intervention	$300,000
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000
13364	12408.08	6451	6151.08		Academy for Educational Development	$436,500
13365	12332.08	6451	6151.08		Academy for Educational Development	$2,808,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5191.08
Mechanism: N/A
Prime Partner: Reproductive Health Research Unit, South Africa
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: 9448.08
Planned Funds: $500,000
Activity System ID: 13789

Activity Narrative: SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) Basic Care and Support activities for FY 2008 will be part of an integrated program and will specifically include: (1) palliative care arising from clinical (both ARV and non-ARV) services rendered by RHRU staff through the activities described under the ARV Services program area; (2) the provision of psychosocial support to commercial sex workers, (3) the provision of support, home-based care and referral; and (4) the implementation of health provider training in all aspects of palliative care. The major emphasis area for these activities is quality assurance and supportive supervision, with additional focus on human resources, development of referral systems, and training. Populations targeted for these interventions include PLHIV (children, youth and adults), HIV-affected families, commercial sex workers, refugees, and public sector doctors, nurses, pharmacists, traditional healers and other health care workers

BACKGROUND:

RHRU, a unit of the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV rollout. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces. The RHRU will continue these activities, which include inner city, district wide and rural programs focusing on providing support to complete up and down treatment referral networks. In addition, RHRU will continue the provision of counseling and testing (CT), palliative care, and prevention services. RHRU continues to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others. It should be noted that the success of ARV treatment scale-up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary healthcare programs such as TB, family planning, antenatal/postnatal and STI treatment is critical. Basic Health Care and Support is an integral part of this system, and the RHRU will focus this part of its program on PLHIV, in impoverished areas such as the Hillbrow neighborhood in Johannesburg, and at PHC clinics in Durban, and rural areas of the North West Province by delivering high quality palliative care, psychosocial support, and intensive training of doctors, nurses, and other health care professionals. Furthermore, RHRU will continue to develop strategies to address underserved communities affected by HIV, such as couples, high risk groups such as adolescents, and gender-based interventions with women at risk, including pregnant women, commercial sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Provision of Palliative Care

Through comprehensive support and quality improvement programs to the Johannesburg inner city, eThekwini District in Durban, and through Mobile Clinical Support Teams operating in North West, KwaZulu-Natal (KZN) and Gauteng provinces, RHRU will continue to provide the preventive care package and opportunistic infection prevention and treatment, identification and treatment of syndromic STIs, provision of regular CD4 counts, and pain and symptom management in conjunction with ARV treatment to adults and children in partnership with the DOH. In addition, STI treatment will be provided to HIV-infected patients at a network of local health authority sites in the inner city of Johannesburg. This includes the Women At Risk Project that reaches commercial sex workers through a clinical and support outreach service that moves between the inner city brothels, and a special service run from the clinic every weekday morning (see the Other Prevention section for more details). Integrated reproductive health/HIV services will be provided to HIV infected clients at a large family planning clinic in the Durban CBD and via the gender-related projects described in the Other Prevention program area. Furthermore, health care and support will be provided to in -patients at an HIV step-down and palliative care facility in KwaZulu-Natal. Lastly, as described in the Other Prevention section, RHRU will provide home-based care in the deprived inner city suburb of Hillbrow through its new program of community outreach.

ACTIVITY 2: Psychosocial Support

RHRU or its sub-partners will provide psychosocial support through counseling, wellness programs and befriending. RHRU will assist with income generation, material support programs, and support group facilitation. RHRU will be key in the strengthening of adherence initiatives through their work in HIV treatment sites and within the community. RHRU will also assist the DOH in providing technical resources, continuity and support to the up and down referral processes that must take place to enable ARV program scale-up. Currently men are under-represented in seeking ARV treatment, and a family-based approach to care ensures all family members are provided with treatment and prevention initiatives where appropriate. Therefore, RHRU will also address gender issues by developing and providing specialized services such as family clinic days 3 days per week, male clinic 5 days per week for CT and ART, and male only support groups for families and men in order to improve access for these two key groups. In addition working with antenatal and postnatal clinics, RHRU will provide psychosocial support and specialized adherence counseling for HIV-infected pregnant women and new mothers, and will work with pediatric treatment sites to provide specialized adolescent counseling and psycho social support. Through the Women At Risk project, commercial sex workers are provided with support and information on appropriate topics at outreach sites by community health workers, and referred into other psychosocial services as required, including support groups, workshops on CSW-relevant issues (such as gender violence and gender norms and behaviors), prevention with positives interventions, and income generation projects to provide peer support and encourage the exiting of sex work. Refugee populations, often a neglected, overlooked group, will also be targeted with services provided by RHRU. A special program for the care of refugees will be expanded to include more systematic identification of refugees seeking assistance through public facilities. These individuals will be counseled and provided full referral and follow up services to the NGO and private sectors to receive care, treatment and support if they are ineligible to receive services through the public sector programs.

ACTIVITY 3: Human Capacity Development

The objective of the training is to increase skills in the delivery of quality palliative care services including

Activity Narrative: elements of the preventive care package. RHRU will provide on-site and didactic training to DOH and NGO doctors, nurses and counselors, and will specifically target ARV and non-ARV sites that need to be able to care for, manage and appropriately refer HIV-infected clients. RHRU will also provide mentoring to DOH staff via bedside teaching, case reviews, the sharing of quality improvement approaches, and support during consultations. RHRU's Primary Health Care Project will provide tools, training and on-site guidance to DOH staff in primary healthcare sites relating to quality improvement of primary healthcare services, including palliative care. This project will also provide support to ARV treatment and is described in the ARV Services section. In FY 2007-2008, RHRU will continue to undertake M&E activities to inform and develop quality HIV care. RHRU will be in a position to conduct Public Health Evaluations (PHE) of some of its palliative care related projects in FY 2008-2009. For each PHE, a detailed proposal will be developed and submitted to PEPFAR for review and funding approval.

These activities contribute significantly to both the vision outlined in the USG Five-Year Strategy for South Africa and to the 2-7-10 objectives by ensuring that HIV-infected individuals and their families are able to access comprehensive care, and by expanding access to these services in both the public and private sector.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9448

Related Activity: 13788, 13790, 13791, 13792

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23045	9448.23045.09	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	9883	5191.09		$453,898
9448	9448.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	$650,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13788	9449.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$339,500
13790	9444.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$780,850
13791	9445.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$908,000
13792	9446.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$22,022,260

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Estimated PEPFAR dollars spent on food	$923
Estimation of other dollars leveraged in FY 2008 for food	$8,308

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	95	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	54,735	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,000	False

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training, including training master trainers who then cascade training. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Limpopo (Northern)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	226.08	**Mechanism:**	N/A
Prime Partner:	Foundation for Professional Development	**USG Agency:**	U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 13753.08

Activity System ID: 13753

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $970,000

Activity Narrative: SUMMARY:

The Foundation for Professional Development (FPD) supports the expansion of access to comprehensive HIV and AIDS palliative care by focusing on human capacity development with a view to increasing the detection and treatment of patients with TB and HIV co-infection. The emphasis areas for these activities are local organization capacity building and HCD. Target populations for these activities include people living with HIV and AIDS (PLHIV) and most at risk populations.

BACKGROUND:

FPD is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. With PEPFAR funding, FPD supports the public sector expansion of access to comprehensive HIV and AIDS care by focusing on provision of antiretroviral therapy (ART) and increasingly basic health care (wellness programs) for people living with HIV (PLHIV) who do not yet require ART. Due to the acknowledged drop-off of patients who test positive for HIV between testing and actually entering ART the basic care program attempts to provide a continuum of basic care at places of testing to ensure retention of patients.

This approach allows patients to be enrolled in a care support program that allows regular contact with health care providers, monitoring of CD4 counts and early referral of patients into ART programs. Activities include supporting the establishment of such programs in public sector, NGO and FBO CT sites, through the provision of staff, training, equipment purchase, technical assistance, mentoring, and refurbishment of facilities. Care programs offer psychosocial support through support groups and individual counseling and treatment of opportunistic infections. The program also includes dedicated staff (tracers) who follow-up on any patients who drop out of the program to determine the reason and where possible attempt to convince such patients to return to the program. The emphasis areas for this activity are human capacity development, gender, local organization capacity development and construction and renovation. Coordination with provincial Departments of Health (DOH) takes place through Memorandums of Understanding (MOUs). FPD provides substantial assistance initially to public sector facilities and works towards a diminished role over time, working towards sustainability at the sites. Sub-agreements are used to partner with NGOs and FBOs to provide care support services where public sector facilities are either overcrowded or not accessible. Gender issues are embedded in all aspects of the project and include collecting gender-specific data in treatment programs, linkages with NGOs working in the gender field, CT services that specifically focus on couple counseling, domestic violence and abuse detection. Other issues addressed by this project are: 1) Male norms and behaviors that are addressed in the counseling provided at basic care sites. All staff actively work towards reducing violence and coercion by identifying victims of violence.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Government ART, CT and PHC clinics

PEPFAR funds are used to respond to requests from provincial DOH to support South African Government (SAG) ART, CT and Primary Health Care Clinics (PHC) through temporarily seconding clinical and administrative staff, providing equipment, refurbishment and technical assistance. The FPD-supported staff will play a critical role in introducing the provision of basic care programs at these sites as they will supplement to government staff. Patients enrolled in such programs will be linked into the electronic patient record system currently supporting patients on ARVs to allow patient tracking, mentoring by FPD specialists and early referral to treatment facilities.

ACTIVITY 2: Support to NGOs and FBOs

Numerous NGOs and FBOs in the areas where FPD supports ART services are involved with CT activities but seldom provide basic care, FPD will partner with these organizations to expand their services to include a basic care component, including regular monitoring of CD4 counts at six month intervals, diagnosis and treatment of opportunistic infections and psychosocial support. Patients enrolled in such programs will be linked into the electronic patient record system currently supporting patients on ARVs to allow patient tracking, mentoring by FPD specialists and early referral to government treatment facilities. It is anticipated that this activity will also leverage existing resources in these organizations in support of basic care programs and to expand the services provided to patients enrolled in the basic care program especially for psychosocial support and income generation. FPD will also provide additional support through its Compass Project, an organizational development project funded by the Dutch Government. This project provides technical assistance to help develop and strengthen these local organizations in the areas of governance, management, and M&E.

ACTIVITY 3: Referral and linkages

FPD will continue to strengthen and expand the referral networks and linkages of its partner NGOs and CBOs with care and treatment services for clients identified to be HIV-infected. Linkages with community mobilization and outreach activities will be initiated to promote the uptake of both HIV CT and basic care services, including the regular monitoring of CD4 counts, treatment of opportunistic infections including the provision of cotrimoxazole, and psychosocial support.

FY 2008 COP Activities: Although FPD has not in past years been funded for basic care activities such activities were conducted at the ART sites that FPD supports. New activities will include expanding care support activities to where CT takes place in both public and civil society facilities. This will help to ensure that those who are HIV-infected but not yet eligible for treatment are enrolled in a care program. Where feasible such programs will also be introduced at Primary Care facilities. A critical component will be integrating patient data from basic care programs into the electronic record system that currently supports patients on ART; this will allow better patient tracking and referral and allow the FPD clinical mentoring team to also support patients on basic care.

FPD will contribute to the PEPFAR goals of 2-7-10 by developing the capacity of organizations to expand access to ART services for adults and children, building capacity for monitoring ART service delivery and

Activity Narrative: reaching thousands of individuals with care and ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13742, 13743, 13744, 13745, 13746, 13909, 13710, 13344

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13909	8257.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,348,000
13742	7986.08	6591	226.08		Foundation for Professional Development	$950,600
13743	7987.08	6591	226.08		Foundation for Professional Development	$900,000
13744	7985.08	6591	226.08		Foundation for Professional Development	$873,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13746	6407.08	6591	226.08		Foundation for Professional Development	$625,650

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	64,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	44	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2801.08

Mechanism: N/A

Prime Partner: HIVCARE

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 7989.08

Activity System ID: 13770

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $582,000

Activity Narrative: SUMMARY:

HIVCare will use FY 2008 funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment and care in private health facilities to patients who do not have medical insurance, either through referrals from the public sector, or self-referrals. The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government rollout of HIV care and treatment has been geographically limited, with only one treatment initiating site in each of the five districts. The major emphasis area for this program will be the development of networks, linkages and referral systems, with minor emphasis given to quality assurance & supportive supervision, food and nutrition support as well as commodity procurement. The target population includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees – specifically teachers, nurses and other health workers (without medical insurance). The most significant target group is those persons in the economically active age group of the population that cannot access services in the public health system due to the high demand for services. Additional attention is to be given to the screening and treatment of TB among the patients attending the program. The linkage with the youth centre will ensure that the program will have a larger proportion of younger persons being attended to specifically adolescents aged 10-14 and 15-24. This focus on the youth should further encourage some involvement with the street youth and it is anticipated that the program will be marketed among those NGOs working with the street youth as a testing & treatment site.

BACKGROUND:

Since 2005, the main thrust of the activity was to match the FSDOH with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through their primary health centers) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people waiting to go on ARV treatment. Patients from these waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the primary health centers throughout the Free State Province for treatment. The FSDOH is a collaborating partner in this public-private partnership.

The Medicross Medical Centre in Bloemfontein, a well-equipped private primary health center, provides the main resource base and in conjunction with three other sites in Bloemfontein and another two in Welkom, will provide an effective means of distributing antiretroviral treatment (ART) to patients who are either referred from state facilities or who access the sites by word of mouth. In addition patients will be able to access a private doctor from the Netcare network in a number of rural towns across the Free State Province. These network doctors that will be enrolling patients onto the program are based in the following communities: Botshabelo; Kroonstad; Harrismith; Phuthithaba; Frankfort; Winberg; Warden and Viljoenskroon.

ACTIVITIES AND EXPECTED RESULTS:

The HIVCare treatment sites will provide comprehensive palliative care to those patients mostly referred by state clinics in immediate need of ART. The program is able to focus its attention on actual ART patients as a result of its linkages with the Department of Health facilities in the area.

ACTIVITY 1: Clinical Care

The clinic staff comprises a full-time HIV trained doctor, nurses (with training in HIV, TB and pain management) and counselors. Clinical activities include the usual onsite activities of any HIV clinic: ART education and readiness assessment, drugs and pathology testing as required for proper follow-up, adherence education and follow-up, prophylaxis of opportunistic infections, treatment of minor out-of-hospital opportunistic infections, management of disease and or drug-related associated symptoms such as pain and diagnosis and treatment of TB through DOT. Nutritional supplementation is provided until nutritional status has recovered to within normal range (BMI >16). The same activities, including family planning, are to be provided at the Youth Clinic. Prevention with positives interventions will be emphasized.

ACTIVITY 2: Psychosocial Support

Psychosocial support is provided for those patients who are in need of it through a support group which meets weekly. Where the clinic is far from the patient's home, the patient will be referred to a support group with a more accessible venue. For patients who are bedridden, HIVCare has strong links with the local Red Cross home-based care organization. Patients in this instance are visited in the home with deliveries of medication and supplements as required. Counselors regularly contact patients in need of psychosocial support where referred by the doctor or nurses and in addition provide an important support service to the families of patients. Consultations with a trained psychologist are also available where appropriate to patient wellbeing. Spiritual care is not directly provided at the clinic. Those patients requiring spiritual services are usually referred to a religious support group near their home. A priest frequently attends the support group sessions and HIVCare has further links with both the Protestant Church and the Catholic Relief Services (a PEPFAR partner).

ACTIVITY 3: Social Care

HIVCare clinics place emphasis on social care in the context of the family. The testing of partners is actively promoted as is disclosure to a spouse/partner. Child testing days over weekends are regularly organized for the children of patients. Patients are educated on their rights and on the access to social grants. A social worker is available on call.

Patients attend the clinic monthly to collect their medication. Those that do not attend on schedule are phoned by counselors or visited at home by a Red Cross home-based carer.

ACTIVITY 4: Integrated Prevention Services

Apart from the family members of patients, the adult clinic does not promote extensive CT sessions. This role is fulfilled through the Youth Centre, which serves to screen and provide HIV education for

Activity Narrative: children/adolescents. The Youth Clinic is situated in close proximity to provide clinical support and treatment. This public-private partnership has been ongoing for a number of years and includes the greater Netcare Group in the Free State.

By providing HIV care services to a significant population of people without private insurance and school age children, HIVCare is contributing to the PEPFAR goals of providing care for 10 million others who are infected with HIV. These activities also support care and treatment objectives outlined in the USG Five-Year Strategy for South Africa by expanding public-private partnerships and expanding care to an underserved population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7989

Related Activity: 13774, 13771, 13772, 13773

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23069	7989.23069.09	HHS/Centers for Disease Control & Prevention	HIVCARE	9889	2801.09		$457,704
7989	7989.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13774	13774.08	6603	2801.08		HIVCARE	$242,500
13771	7988.08	6603	2801.08		HIVCARE	$291,000
13772	3298.08	6603	2801.08		HIVCARE	$2,910,000
13773	3299.08	6603	2801.08		HIVCARE	$2,134,000

Emphasis Areas

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$582,000
Estimated local PPP contribution in dollars	$173,445

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,418	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	335.08	**Mechanism:**	N/A
Prime Partner:	Salvation Army	**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:	2993.08	**Planned Funds:**	$400,000
Activity System ID:	13804		

Activity Narrative: SUMMARY:

A trained cadre of Salvation Army volunteers will provide home-based palliative care (HBC) to people living with HIV and AIDS in order to contribute to their quality of life, provide spiritual and psychological support to the client and their family, monitor the client's health, and facilitate access to clinical care. This activity will focus on training, in addition to community mobilization/participation and the development of linkages and referral systems.

BACKGROUND:

The Salvation Army is an international Christian denomination that addresses all aspects of HIV and AIDS through community-based care and prevention programming: home-based care, provision of OVC psychosocial support, individualized pre- and post-test counseling, clinical care of opportunistic infection, community counseling, and youth mobilization. Matsoho A Thuso is a care and prevention model begun in November 2004 with PEPFAR funding. Palliative care activities focus on capacitating members of Salvation Army churches to provide psychological, social, spiritual and limited clinical support as well as prevention services to people living with HIV and AIDS in their communities. The project currently operates in 50 sites in eight of South Africa's nine provinces, many of which are in rural and underserved areas. In FY 2008 Salvation Army will expand and enhance care activities through retraining of caregivers as well as providing a comprehensive range of services to the HBC clients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Caregivers

The main objective of the training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. Utilizing the Salvation Army's extensive volunteer base, the Salvation Army will train and equip community members to carry out basic home-based care services. The training will be conducted by an accredited service provider with South Africa's Health and Welfare Sector Education and Training Authority. Each home-based caregiver will also receive a basic home-based care kit containing equipment such as gloves, disinfectant and bandages to ensure that they are able to provide an acceptable quality of care to people living with HIV and AIDS throughout the country while maintaining adequate precautions. In the first year of the project, a total of 101 caregivers have been trained to provide services. In order to intensify and improve the quality of services in FY 2008, additional caregivers will be trained. On-going mentoring and supervision will be provided by health facility staff and Salvation Army trainers to promote the retention of volunteers and to minimize burn-out. Increased participation by men will be encouraged in service delivery.

ACTIVITY 2: HBC Services

Trained caregivers will identify clients in consultation with the community. Home visits will be conducted four times a month to provide clinical as well as social, psychological or spiritual services. Services provided will include elements of the preventive care package, assistance with bathing the client when s/he is unable to do so, tending to household duties when needed, providing spiritual and psychological support to the client and their family, and monitoring the client's status over time which will assist qualified health care providers in the management of opportunistic infections. A checklist with comprehensive palliative care services will be used to track the services rendered. Thus far Salvation Army has provided care and support to 538 HIV-infected individuals. In FY 2008 Salvation Army intends to intensify and expand services provided to HIV-infected individuals and their families. This activity will also contribute towards reducing stigma and discrimination against people living with HIV. The project aims to foster a culture of support and acceptance for people living with HIV and AIDS and their families by involving community members in care and support activities. Home-based care volunteers also make use of the opportunities given to address any misconceptions the family or the community may have about HIV and AIDS as well as applying the preventive care package. Family members of the HIV-infected individuals will also receive at least two support services (psychosocial, spiritual, etc) from the checklist of the services. Any OVC identified during HBC visits will be referred to the OVC program.

ACTIVITY 3: Strengthen Referrals Networks

In order to ensure that HIV-infected individuals and their families receive appropriate care and support, Salvation Army will improve their linkages with other organizations, particularly in terms of increasing access to clinical care. Salvation Army will regularly map services available in each site and develop a formal referral system to other community health structures. This will ensure that beneficiaries are able to access services that are not provided by the Salvation Army (such as provision of ARVs). The patients will be referred and a proper follow-up will be made by home-based caregivers so that the program can track their progress and address any problems identified with the relevant authorities. The program will focus on strengthening relationships between caregivers and public clinics and hospitals in order to facilitate effective referrals and to provide additional support for volunteers from clinically trained professionals. In addition, Salvation Army will also explore partnerships with other private organizations and institutions in order to provide additional support for the program and to move towards ensuring the sustainability of activities. Monitoring and Evaluation (M&E) is an important component of this program and a comprehensive M&E structure has been set up to help track number of services provided by the caregivers as well as the progress made by patients.

ACTIVITY 4: Support Program for Caregivers

The Salvation Army has identified the need to provide care and support services to caregivers to ensure that caregivers avoid burnout, receive care for medical conditions and are able to provide services to clients effectively. TSA will partner with local health facilities to offer on-going counseling and testing and health screening (for TB, diabetes etc.) to all caregivers. These screening services will be an entry point for further services from a specialized cadre of senior HBC service providers who will be trained to provide on-going HIV prevention education and counseling, debriefing services, run support groups for caregivers, provide support for clinic visits and adherence, counseling and referral for services related to gender-based violence and to assist with linking caregivers to income generation projects and with further educational

Activity Narrative: opportunities. These interventions will assist in improving the health and well-being of caregivers and increase the sustainability of the program.

These activities contribute towards PEPFAR's goal of providing 10 million people with care including people living with HIV and AIDS and their families by increasing access and quality of care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7551

Related Activity: 13803, 13805, 14253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22905	2993.22905.09	U.S. Agency for International Development	Salvation Army	9826	335.09		$0
7551	2993.07	U.S. Agency for International Development	Salvation Army	4462	335.07		$400,000
2993	2993.06	U.S. Agency for International Development	Salvation Army	2657	335.06		$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13803	2992.08	6615	335.08		Salvation Army	$200,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13805	2994.08	6615	335.08		Salvation Army	$1,350,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	28	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	168	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 271.08
Mechanism: N/A
Prime Partner: Right To Care, South Africa
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: 2975.08
Planned Funds: $1,022,000
Activity System ID: 13793

Activity Narrative: SUMMARY:

Right to Care's PEPFAR program was recompeted through an Annual Program Statement (APS) in 2007 and was a successful applicant. RTC will continue to use PEPFAR funds to strengthen the capacity of healthcare providers to deliver Care and Support (C&S) services to HIV-infected individuals, and to improve the overall quality of clinical and community-based health care services in five provinces.

BACKGROUND:

RTC's C&S services will expand from the current levels achieved using PEPFAR funds. The integrated program of education, counseling and testing, care and ARV treatment has been implemented in five focus areas: (1) The employed sector, where RTC is currently providing HIV services to >130,000 employees in >32 companies; (2) FBO/NGO clinics which target underserved populations in rural areas, industrial areas, and informal housing sectors as well as targeted gender-specific support groups and family-centered approaches; (3) Thusong, a private practitioner program for indigent patients; (4) Small, Medium, and Micro-Enterprise, including farm employees, with mobile treatment units; and (5) In partnership with the National Department of Health (NDOH), capacity support for national comprehensive HIV and AIDS care, management and treatment sites. RTC provides mentorship and technical assistance to over 15 sub-recipients and manages their sub-agreements. These are ongoing programs expanded with NDOH coordination and private sector support. By providing training and support to these sites RTC leverages NDOH resources to reach an increasing number of patients. RTC has supported these sites with infrastructure, staff, training, equipment and data management. In addition, the NDOH has recognized the successes of RTC NGO/FBO sites and has been accrediting these sites to enable the provision of ARV drugs and laboratory monitoring.

ACTIVITIES AND EXPECTED RESULTS:

RTC will build on past successes by consolidating and expanding its support for government sites, NGO and FBO clinics/organizations and private sector programs. FY 2008 PEPFAR funds will be used for human capacity development and salaries at all C&S providers; (1) NGO and FBO clinics/organizations receive sub -awards earmarked for doctors, nurses, counselors and other healthcare workers; (2) RTC will not provide salary support to SAG staff, but rather the salaries of health care providers seconded to DOH facilities including support for doctors, nurses, data managers, and counselors; and (3) a capitation fee-for-service arrangement exists with a network of private sector service providers for the Thusong and Direct AIDS Intervention (DAI) programs.

PEPFAR funds will also be used to maintain RTC's mobile clinics. NGO and FBO clinics also use PEPFAR funds for laboratory monitoring of HIV patients and for the procurement of health commodities such as medical equipment, ARVs, drugs for opportunistic infections including cotrimoxazole, counseling and testing kits, and home-based care kits.

RTC supports all the C&S providers by disseminating policies and guidelines and providing quality assurance through sharing best practices. With FY 2008 funding RTC will provide ongoing training and continued medical education to assure that staff is aware of the latest treatment norms.

RTC will ensure that each HIV patient at RTC-supported facilities receives a comprehensive minimum package of C&S services and preventive care, including clinic, community and home-based services. This minimum package includes clinical and pathology monitoring, management and treatment of opportunistic infections, psychosocial counseling, healthy living education, prevention with positives services, nutritional counseling, assessment, monitoring and referral, home-based care, advice and assistance on welfare issues and applications for welfare grants, and hospice and end-of-life care for terminally-ill patients.

Emphasis will be placed on increasing the number of HIV-infected children and pregnant women in care. A number of NGO sites are doing nutritional counseling at community level and refer for nutritional assessment and monitoring. Examples of non USG-funded community activities include food gardens and income generating programs in order to support patients that are on ART. In addition, sites supported by the NDOH have dieticians for ARV-treated patients.

PEPFAR funds facilitate partner linkages and a referral system between treatment sites-based care, and other non-medical C&S services. At each site RTC will identify a community-based care organization to add to the counseling capacity of the site. Peer counselors complement the NDOH appointed clinic staff. The Thusong program is linked with a national network of care organizations. The expansion of the strategic mix of clinic, home and community-based C&S will bring more C&S services to the doorstep of impoverished populations such as farm workers, rural communities and residents of informal settlements.

Public-private partnerships (PPPs) have also been formed to ensure longer term sustainability. These include, for example, those with the provincial DOH, where value is seen by the government in accrediting specific clinics in order to provide ARVs and pathology monitoring thereby reducing the overall cost on one donor. In addition PPPs are being explored with a number of organizations to provide holistic and comprehensive care and treatment services to HIV-infected patients.

NGO clinics also receive cooperative funding from donors and patient fees. Knowledge sharing between treatment sites and networks is being facilitated by Value Based. Referral mechanisms linking primary sites to tertiary sites for complicated patients have been integrated into the RTC network of sites.

A number of NGO clinics also have gender-specific C&S programs. For example, the ACTS (Aids Care Training and Support) clinic has a series of comprehensive monthly support groups aimed at young men or young women who are HIV-infected. Support group members meet to discuss challenges and problems and provide each other with support and guidance. These programs include family-centered approaches. Expansion of gender-specific activities with FY 2008 PEPFAR funding is planned.

Right to Care will continue to use PEPFAR funds to strengthen capacity of healthcare providers to deliver C&S services to HIV-infected individuals and to improve quality of clinical and community-based health care services in five provinces. RTC will strengthen links between counseling and testing and care. For those

Activity Narrative: testing positive a tracer system will reduce loss to treatment registration. Those who test positive will be tracked so that they benefit from wellness services and are tested every six months for their CD4 counts to ensure that they commence ART as soon as they become eligible.

By reaching patients with care and support services at various outlets, RTC will contribute to the PEPFAR goal of providing services to 10 million HIV-infected and affected individuals. In addition, RTC activities will support the USG Five-Year Strategy for South Africa by training health care workers in care and support services, significantly expanding access to and quality of palliative care services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7547

Related Activity: 13794, 13795, 13796, 13797, 14567

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22937	2975.22937.09	U.S. Agency for International Development	Right To Care, South Africa	9835	271.09		$3,725,358
7547	2975.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		$0
2975	2975.06	U.S. Agency for International Development	Right To Care, South Africa	2652	271.06		$2,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13794	3276.08	6612	271.08		Right To Care, South Africa	$3,395,000
13795	2972.08	6612	271.08		Right To Care, South Africa	$1,616,000
13796	2974.08	6612	271.08		Right To Care, South Africa	$1,173,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	133	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	100,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Eastern Cape

Free State

Limpopo (Northern)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4757.08

Mechanism: N/A

Prime Partner: Project Support Association of Southern Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8250.08

Activity System ID: 13785

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $300,000

Activity Narrative: SUMMARY:

Project Support Association of Southern Africa (PSASA), a community-based HIV and AIDS prevention and care organization, is expanding its home-based care (HBC) activities by increasing the number of services, increasing the scope of services (integrating OVC care and adult palliative care, provision of community-based HIV counseling and testing) and improving the quality of these programs through training. Emphasis areas are community mobilization/participation, training, information, education and communication, and development of linkages and referral systems. Target groups are people living with HIV and AIDS (PLHIV) and their families as well as healthcare workers. With FY 2007 PEPFAR funding, the number of HBC programs was expanded providing integrated palliative care, OVC care and HIV testing. The new projects targeted poorer rural communities of Mpumalanga province where health services are limited or non-existent. Through FY 2008 PEPFAR funding, the HIV and AIDS care programs will be expanded to provide prevention with positives elements among those who are HIV-infected. These interventions will target poorer rural communities of Mpumalanga where health services are limited or non existent and focus mainly on PLHIV and support groups.

BACKGROUND:

PSASA is a non-profit organization, which was established in 1998 in HIV care and support, prevention and mitigation. Its mission is to create community partnerships that enhance their ability to prevent, mitigate and alleviate the impact of HIV and AIDS. Home-based care programs are an integral component of the PSASA mission and are a strategy within the South African Government Strategic Plan. PSASA has established and continues to support over 60 home care programs. Many of these were established in partnership with the Mpumalanga Department of Health. Since 2004, 127,614 clients received direct support from a PSASA project and over 32,000 household members received training from community caregivers. These activities will be expanded under PEPFAR as part of PSASA's ongoing core program. PSASA has worked closely with government structures, especially Departments of Health, Welfare Social services and Population Development. In recent years closer relationships have been formed with the provincial Department of Home Affairs, Agriculture Development, Premiers Office (Gender), Department of Education and Department of Labor (income generation activities). From 2004-2007, the Mpumalanga provincial Department of Health & Social Services (DOH&SS) has financed PSASA for over $100,000 to conduct life skills training in HIV and AIDS. The DOH&SS also provides PSASA with HIV test kits and home-based care kits as well as assistance with establishing referral networks for family planning, antiretroviral (ARV) and tuberculosis (TB) programs. Social grants, food packages, child assessments and drop in centers are undertaken closely with Department of Social Development (DOSD) with funding from Dutch donors. Each of the projects are encouraged to work closely with and to participate in local AIDS Councils, churches, government departments and municipalities, schools with many businesses providing "in kind" support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The aim of training is to build capacity at the community level for the provision of quality and holistic care. The majority of people living with AIDS in the care programs are women. PSASA will strive to increase with the number of males within the care program. In many cases, the care workers may also be recognized as traditional healers. PSASA will also work to increase the involvement of men in caregiving. As part of the HBC trainings, care workers will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills being emphasized. To support this human capacity development of care workers and volunteers, a stipend provided through the HBC program is an important source of household income. Regular financial training seeks to improve the capacity and economic advancement of care workers in the program. From other donor funding, short-term loans or small grants are also provided to supplement this meager stipend. In addition to a 5-day annual training, one-day trainings are held weekly covering topics of sex and sexuality relationships negotiating safer sex abstinence and truthfulness and other key topics include: evidence-based preventive care interventions focusing on people living with AIDS, TB screening/management), counseling and testing for clients and family members, safe water and personal hygiene strategies to reduce diarrheal disease, HIV prevention counseling, provision of condoms, referral for family planning services for HIV-infected women, appropriate child survival interventions for HIV-infected children and nutrition counseling, clinical measurement, nutrition monitoring and targeted support based on WHO criteria for severely malnourished PLHIV.

ACTIVITY 2: Home-Based Care

Trained care workers provide a minimum standard of care focusing on clinical/physical, psychological, spiritual, social and prevention interventions. In addition to sharing integrated HIV-related palliative care messages with HIV-infected individuals and their families, the care workers use a family-centered approach to client assessments. The package of services includes basic pain and symptom management, support for adherence to OI medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART), and referral for family planning. Community and home-based psychological support, stigma reduction strategies and adherence support for OI medications and ART will be provided. Attention will be given to increasing the gender equity in the HIV and AIDS programs, increasing male involvement in the program, addressing stigma and discrimination, and partnerships with local NGOs, FBOs and CBOs. Clients are also counseled on prevention with positives and family member are referred for counseling and testing (CT). Outreach to the community and referral to the FHI-sponsored Mobile Support Units for CT Family Planning referrals is part of the HBC activity. An additional key activity of care workers is monitoring of adherence to TB and HIV treatment. Elements of the preventive care package for adults and children are also included during interaction between the care worker and the client. The HBC project link closely with community and church groups who regularly supply "in kind" support (approximately 10% of project budget). Certain components of the home care program have become fully sustainable. For example, income generation activities for care workers such as food gardens have become sustainable with care workers receiving approximately $150 per annum through the sale of vegetables and fruit.

By providing basic care and support to HIV-affected individuals and their families, these activities contribute substantially to the PEPFAR goal of providing care services to 10 million. The activities also support the USG Five-Year Strategy for South Africa by collaborating closely with SAG to improve access to and quality

Activity Narrative: of basic care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8250

Related Activity: 13786, 13787, 13718, 16088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23041	8250.23041.09	U.S. Agency for International Development	Project Support Association of Southern Africa	9882	4757.09		$242,726
8250	8250.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
13786	8251.08	6610	4757.08		Project Support Association of Southern Africa	$350,000
13787	8254.08	6610	4757.08		Project Support Association of Southern Africa	$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,250	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Limpopo (Northern)

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	478.08	**Mechanism:**	N/A
Prime Partner:	Hospice and Palliative Care Assn. Of South Africa	**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:	3019.08	**Planned Funds:**	$7,667,500
Activity System ID:	13798		

Activity Narrative: SUMMARY:

The Hospice and Palliative Care Association of South Africa (HPCA) currently has 75 member hospices and 73 development sites throughout South Africa (SA), each an independent legal entity. The Mission of HPCA is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services to HIV-infected persons.

BACKGROUND:

HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA, including work with religious leaders and member hospices that are faith-based organizations. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, the formal health care sector and NGOs. Improved collaboration between HPCA and the National Department of Health (NDOH) is a key objective, aimed at optimum utilization of scarce palliative care resources. FY 2006 funding has allowed the training of 7,108 trainees from October 2006 to July 2007. The major focus of FY 2008 funding will be to provide direct palliative care to patients and their families, to assess quality of palliative care, assist in the development of new services, provide support to the care providers and provide training in palliative care. An HPCA member hospice will also focus on increasing male patients' participation in the fight against HIV and AIDS. The Bana Pele Project, in partnership with St Nicholas Hospice, will be using PEPFAR funding in FY 2008 to focus on the expansion of palliative care in their area. HPCA will provide capacity building support to St Nicholas, who will be administering the Bana Pele Project. Additional funding has been granted for Soweto Hospice in Gauteng for FY 2008 which was managed by Hope Worldwide previously. HPCA intends to liaise with Prison Services and the SA Defense Force (military populations) to share palliative care expertise and support to these organizations.
ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Provision of palliative care

HPCA is funding member hospices to provide care to patients with HIV and their families. Sites providing palliative care include home-based care (HBC), day care centers, and in-patient units. Services include elements of the preventive care package, management of opportunistic infections including provision of cotrimoxazole, pain and symptom management, clinical prophylaxis, prevention with positives, treatment for TB, psychosocial and spiritual care, and bereavement support for families and friends. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. Family care includes training in all aspects of patient care, infection control, prevention, nutrition, individual and family counseling and reduction of stigma. Increased participation by male patients will be encouraged by an after-hours clinic at a member hospice. Bereavement care is integral to the provision of palliative care and will be offered throughout the course of the illness as well as after the death of the patient. A key aspect of both individual counseling and hospice support group services is reduction of stigma and discrimination and reconciliation within families. Nutritional support will also be arranged (with non-PEPFAR funding). ART referrals, as additional access sites are made available, will be a component, including pediatric cases of advanced HIV. If the need for OVC services is identified but not provided by the hospice, an established referral system is used to refer the patient to an outside service provider. Through the reprogramming of funds from TBD Male Circumcision, HPCA will use funding to strengthen the integration of Prevention for Positives programs at all member and affiliate hospices in South Africa. Since all eligible patients are already reported as having received care under PEPFAR, no new targets are being added. Rather, these activities are aimed at improving the quality of services provided to individuals who are HIV-infected.

ACTIVITY 2: Development of new palliative care sites

This activity entails enhancing existing and establishing new palliative care services. HPCA Provincial Palliative Care Development Coordinators (PPCDCs) lead development teams (PPCDT) in the regions, comprising technical expertise from local hospices. The PPCDT assists in identifying new development sites and providing financial and non-financial resources and mentorship to help build capacity in these sites. The main criteria for development are community need and available resources. In addition to development the PPCDCs also develop public-private partnerships between HPCA and government departments to support these development sites. PEPFAR-funded Regional Centers of Palliative Learning (CPLs) in 10 regions and mentor hospices will continue to develop new service delivery sites. The CPLs are attended by health professionals in the public and private sectors including doctors, nurses, pharmacists, and home-based care (HBC) workers. A mentor hospice is a fully accredited hospice, and receives funding to provide technical expertise and meet mentorship needs in its region. Through these development activities, the total number of HPCA palliative care sites will be expanded and palliative care will be more accessible to currently under-resourced and under-served areas, increasing the availability of quality palliative care to many more HIV and AIDS patients and families. Sustainability of existing and new sites is addressed through ongoing fundraising workshops, through increased quality of services, through increased human resources capacity building and through increased collaboration with the formal health care sector. The integration of palliative care into existing non-hospice health services e.g. district hospitals, home-based care organizations and clinics, has become an important aspect of the expansion of palliative care.

ACTIVITY 3: Accreditation and Quality Improvement

PEPFAR funding has facilitated the development of comprehensive HPCA and Cohsasa (Council for Health Services Accreditation of SA) Standards of Palliative Care, which include standards of management and governance, and clinical, psychosocial, spiritual care and quality improvement to ensure quality palliative care in service delivery. A mentorship and accreditation program is based on these standards. FY 2008 funding will continue to support the accreditation and quality improvement of existing member hospices based on compliance with these standards. Trained mentors and surveyors visit the hospices and an audit

Activity Narrative: of the hospice standards is carried out. To date, eleven hospices have received full accreditation, and many are in preparation. The hospices that receive full accreditation are used as mentor hospices in Activity 2 above and to assist new member hospices to comply with the standards. The accreditation process is aimed at raising the standard of palliative care services throughout the country.

ACTIVITY 4: Human Capacity Development

The objective of this training is to increase skills in delivery of quality palliative care services including elements of the preventive care package. A CPL is an established hospice which has either achieved, or is close to achieving, full accreditation and which has been selected because it has the best resources and expertise to provide training and promote awareness of palliative care. A multi-disciplinary approach is used in on-going training programs to ensure human capacity development. In partnership with higher education institutions, professional associations and the National and provincial Departments of Health, Social Development and Education, a wide range of accredited palliative care training programs are offered for volunteers, community health workers, nurses and doctors. HPCA strives to have all training curricula accredited.

PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

HPCA supports the USG South Africa Five-Year Strategy to expand access to quality palliative care services and improve quality of palliative care and HBC services, and thereby contributes to the 2-7-10 goal of providing care to 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7615

Related Activity: 13800, 13799, 13801, 13362, 13344, 13832, 13983, 13961, 13994

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23155	3019.23155.09	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	9926	478.09		$7,155,567
7615	3019.07	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	4487	478.07		$4,720,000
3019	3019.06	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	2672	478.06		$2,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13994	3025.08	6679	481.08		Living Hope	$325,000
13983	8244.08	6676	4749.08		Ingwavuma Orphan Care	$300,000
13832	8262.08	6626	4760.08		St. Mary's Hospital	$611,100
13800	13800.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$97,000
13799	12479.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$1,250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	175	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	189,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	8,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	519.08	**Mechanism:**	N/A
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine	**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:	3069.08	**Planned Funds:**	$250,000
Activity System ID:	13854		

Activity Narrative: SUMMARY:

The University of KwaZulu-Natal (UKZN) Nelson Mandela School of Medicine (NMSM) is using PEPFAR funds to support the implementation and refinement of common clinical guidelines for HIV and AIDS management by traditional healers, including: the standardization of HIV clinical staging for traditional healers; collaborative introduction of Patient Record Keeping, Monthly Data Sheets, and Data Transfer to the Medical School; and provision of basic medical supplies to trained healers. The main emphasis area is training, with minor emphasis placed on human resources, logistics, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes Traditional Health Practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal (KZN) and Ethekwini Traditional Health Practitioner Councils.

BACKGROUND:

UKZN has an ongoing collaboration with associations of traditional healers in rural areas of Ethekwini District. Traditional healers are extremely influential and are a largely untapped resource in HIV and AIDS prevention and mitigation on the community level. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KZN and Ethekwini Traditional Healer Councils, with the eThekwini Health Unit, and the eThekwini District Health Office of the KZN Department of Health.

ACTIVITIES AND EXPECTED RESULTS:

The principal focus of this project will be training and equipping traditional healers to better deal with the HIV epidemic in KZN.

ACTIVITY 1: Training

Training will be provided through workshops run by the project training team (including senior traditional healers). Trained THPs will be provided with a customized version of the home-based care medical kit currently used by the KZN Department of Health (DOH), modified to include the elements of the Adult Preventive Care Package including, nutritional referral, personal care, counseling, screening for pain and symptoms, recognition of signs and symptoms of opportunistic infections, worsening condition such as increased pain or wasting, and knowledge of when to refer to clinical providers. Treatment adherence, prevention (including prevention with positives) and other holistic care activities as allowed (bathing, wound care will also be covered. Training includes the refinement and implementation of common clinical guidelines for HIV and AIDS patient management by traditional healers, including the standardization of HIV clinical staging, the introduction of patient record keeping, monthly data sheets, and transfer of these data to the Medical School.

ACTIVITY 2: Referrals:

NMSM is working closely with South African Government colleagues to establish viable bi-directional referral pathways (including referral forms); formalizing and enhancing what is currently happening. This process has involved consultation with municipal and district health authorities on the following:
1) the clinics that are near to the THPs and to which the THPs can send referrals;
2) the sharing with the government of the database of THPs registered with the project; this database provides (in addition to other information) details on the location of each THP practice site, their contact details, and the clinics to which these THPs are currently referring patients (informally);
3) a commitment by the government to include notification of referrals received by THPs in their Health Information System; and
4) formalization of a referral form, already reviewed and approved by municipal and district Health, for THPs to use in sending patients to clinics. Since current legislation does not permit public health officials to refer patients to THPs formally, the referral form has a simple tear off sheet to give to the patients to take back to THPs, simply acknowledging whether the patient was attended to at the health facility, and by whom.

ACTIVITY 3: Monitoring and Evaluation-patient record system

NMSM will also ensure that traditional healers have adequate stocks of appropriate medical supplies, through collaboration with the provincial Department of Health. Regular site visits will be conducted to monitor the implementation of these guidelines and data management protocols. THPs are visited regularly by a team of 12 project data monitors to collect anonymous copies of patient record data for entry into the project database. NMSM has determined that the optimum method is to use carbonized patient record forms, patient follow up forms (both in book form) and referral forms (in tear-off pads) and provide patient cards to the THPs. Each patient card is linked to a unique patient record identifier number, pre-printed on the first-visit patient record forms. THPs must enter the patient record number on the patient follow-up forms and patient card. The patient takes the card with them and brings it back to facilitate the THP's use of the patient record system. The referral forms include a tear off sheet for use by the clinic, that the patient is expected to bring back to the THP.

ACTIVITY 4: Medical Kit Supply

Initial medical kits are supplied to the THPs registered with the project using project funds and logistics. These kits are a modification of the type of home-based care kits used by the Municipality and Province, and contain additional items specific to the THP needs. The re-supply in eThekwini District is being provided the District Health approved National Integrated Program (NIP) sites, and other NGO sites approved by District Health. These sites are normally used by DOH to re-supply the DOH Home-based Care (HBC) workers, and therefore are equipped with stock control staff and keep a registry of HBC workers using the material. DOH has agreed to add the THPs on the project to this system, and is exploring with the project the variable amounts of re-supply needed by different THPs (some are much busier than others), and the specific needs of THPs that may vary from those of HBC workers.

ACTIVITY 5. Clinical Management Follow-Up

Activity Narrative: In the refresher training sessions and workshops with THPs already on the project, NMSM concentrates on ensuring that fundamental facts about HIV, patient management, and referral criteria are clearly understood. Discussions between traditional health and biomedical practitioners in these sessions focus on optimizing patient management.

Expected Results:
1. Refine and implement Standardized Clinical Guidelines for HIV and AIDS management for traditional healers.
2. Develop Standardized Therapeutic Protocol for HIV and AIDS patient management by traditional healers.
3. Improve collaboration and referral between biomedical and traditional healers.
4. Improve record keeping by traditional healers and availability of the anonymous data to public health authorities.
5. Provide adequate basic care package to trained traditional healers.
6. Assess the usefulness of working with traditional healers to enhance their capacity to provide palliative care to HIV-infected patients.
7. Human resources: Through this activity, traditional healers will be trained, equipped, with basic medical supplies and enhanced clinical care knowledge. A small number of medical school staff, traditional healer representatives, and support staff receive salaries from the project for administration, training, THP support and monitoring and evaluation.

Logistics: Includes managing the medical kit supply and re-supply, with the trained traditional healers and government colleagues. This overlaps with commodity procurement since NRMSM funds will purchase the initial medical kits. Through regular site visits quality assurance and supportive supervision will be conducted on the use of adapted clinical guidelines and HIV staging, medical kits and record keeping systems.

Through training, monitoring and evaluation, medical supply and referral system implementation in partnership with local government, policy and guidelines for working with traditional healers will be developed.

By providing new tools and materials to traditional healers working with HIV and AIDS patients, this project will expand basic care and support services in KZN, contributing to the PEPFAR goal of providing care and services to ten million HIV-affected individuals. These activities will also support efforts to meet the care and treatment objectives outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7424

Related Activity: 13851, 13852, 13853, 13855, 13856

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22736	3069.22736.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$218,454
7424	3069.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$250,000
3069	3069.06	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	2695	519.06	Traditional Healers Project	$375,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13851	9083.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$750,000
13852	3067.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$100,000
13853	3068.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$200,000
13855	6421.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$50,000
13856	3070.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	250	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	33,744	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4762.08

Mechanism: N/A

Prime Partner: Ubuntu Education Fund

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: 8263.08

Planned Funds: $75,000

Activity System ID: 13848

Activity Narrative: SUMMARY:

Ubuntu's activities will support comprehensive care services for people living with HIV (PLHIV) and their family members to improve HIV management and to stabilize their households through care and support. Palliative care services take place in the townships of Port Elizabeth, a city in the province of the Eastern Cape. Emphasis areas include addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs, increasing women's access to income and productive resources. Specific target populations are PLHIV (including pregnant women, infants and children), HIV and AIDS affected families, discordant couples.

BACKGROUND:

Since 2005, Ubuntu has provided community and clinic-based care services for families coping with HIV and AIDS. Ubuntu uses a family-centered approach to provide care services to PLHIV. The care program is the integral service in the organization binding together all HIV and AIDS components. Ubuntu's care program is integrated with clinical services in CT and HIV management including ART readiness and adherence. Ubuntu has strong referral partnerships to help establish a continuum of care for PLHIV and their families and to coordinate access to service providers including clinics and hospitals, the Department of Social Development, the Department of Home Affairs, Childline, the Rape Crisis Centre at Dora Nginza Hospital, the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Family and Marriage Society of South Africa (FAMSA), other CBOs and NGOs, community home-based care providers, and hospice services. With PEPFAR support, Ubuntu will reach more PLHIV and their family members with comprehensive care services.

Ubuntu became a PEPFAR partner in FY 2007 and has only recently received funds so does not yet have PEPFAR-funded results to report.

ACTIVITIES AND EXPECTED RESULTS:

Ubuntu will directly provide comprehensive care services, including elements of the preventive care package, including cotrimoxazole , for PLHIV from the office site in Zwide and clinic sites. Entry points to care services include referrals from Ubuntu's outreach and life skills program, clinic sites and walk-in clients. Based on need, families enrolled in the care program receive assistance to access health services, including CT and ART, monitoring of HIV disease progression, ongoing psychosocial support and counseling, risk reduction and couple counseling, referrals to PMTCT, access to South African government (SAG) grants, including disability, child support and foster care grants, home-based care, nutritional support and referrals to other service providers. Effort will be made to ensure equitable access to care services for both males and females. Household needs are assessed at intake and an action plan is developed that encompasses the care needs of each family member. Care services are linked to other Ubuntu services in gardening and higher education and career guidance.

Ubuntu addresses women's empowerment by providing female-headed households with SAG grant support and referring women to Ubuntu's Empowerment program providing skills training in areas such as catering and urban agriculture and income-generation projects including community gardens. The organization provides intensive legal referral for cases of domestic and gender-based violence, including access to post-exposure prophylaxis. Ubuntu focuses on increasing men's involvement in HIV and AIDS prevention, care and treatment services by encouraging men to access CT through couple counseling, promoting couples access to risk reduction counseling, ensuring men eligible for ART are not lost to follow-up, training male members of the family in home-based care and promoting male partner involvement in PMTCT.

PLHIV identified at the clinic sites will be monitored by Ubuntu staff including a professional nurse for on-time access to clinical services. The professional nurse's mandate is to provide quality assurance and technical support to clinic staff in HIV management and prevention with positives. Clinic sites are KwaZakhele Day Hospital in 2007, expanding to Zwide Clinic in 2008. Ubuntu care workers also regularly refer clients to other clinics in the target area and will coordinate services and referrals with other PEPFAR implementing partners operating from these sites.

Case managers will be placed onsite at the clinics to ease the high demand for psychosocial support services as ART rollout expands. The case managers will work with clinic lay counselors to ensure care monitoring for PLHIV, assistance and support in the treatment readiness and ART initiation phases including conducting required home visits for each client and providing comprehensive psychosocial support services. This will help ensure a cogent continuum of care for PLHIV. Clients will have access to male and female condoms and to prevention counseling, prevention with positives services, including risk reduction counseling, referral to PMTCT, couple counseling and identification of discordant couples. Weekly support group facilitation and meals are provided by Ubuntu as well as the provision of food parcels as needed for high poverty cases. Support group members are encouraged to enroll in Ubuntu's clinic gardening program. Ubuntu is encouraging clinic partners to make HIV management integral to all clinic services to reduce bottlenecks and destigmatize services.

Ubuntu proactively identifies children who have an increased risk for HIV exposure and ensures they receive access to CT, and provides access to treatment services for children and their caregivers who are affected by HIV. Ubuntu works with Dora Nginza's Pediatric ARV Unit to provide ongoing monitoring and support to children on ART. HIV-infected mothers will receive information and support for infant feeding, monitoring to ensure compliance with PMTCT protocols, as well as ensuring that infants complete their immunization schedules and receive necessary vitamin supplementation. Risk reduction plans are developed and ongoing counseling sessions scheduled for individuals identified with high-risk behavior. Ubuntu has several rape cases a year and will ensure that clients receive post-exposure prophylaxis (PEP) for both pregnancy and HIV.

Client home visits are an integral part of care services, where signs and symptoms of illness are assessed, referrals made to health services, food parcels are provided with support from other funding partners, and advice given on the management of side-effects, nutrition and hygiene. Ubuntu care workers assist family members in providing home-based care, including oral and wound care and provide home-based care kits. Care workers engage family members in care services to destigmatize HIV and AIDS within family settings

Activity Narrative: by providing correct information on transmission, treatment and other areas of concern. Ubuntu works with home-based hospice services to provide culturally-appropriate end of life care including referral to spiritual care of the patient's choice.

Ubuntu trains home-based caregivers in the SAG accredited 59-day curriculum.

PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

These results contribute to the PEPFAR 2-7-10 goals of providing care and services to 10 million HIV-affected individuals by ensuring that individuals coping with HIV and AIDS receive timely HIV clinical services and their households are stabilized through psychosocial services for family members, as well as improved continuum of care for PLHIV through referral networks among service providers in Port Elizabeth. These activities also support the goals outlined in the USG Five-Year Strategy for South Africa by expanding and improving care and support services to needy populations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8263

Related Activity: 13846, 13847, 13849, 13850, 13961

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22806	8263.22806.09	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	9796	4762.09		$72,818
8263	8263.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13846	8261.08	6632	4762.08		Ubuntu Education Fund	$200,000
13847	8266.08	6632	4762.08		Ubuntu Education Fund	$50,000
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13849	8272.08	6632	4762.08		Ubuntu Education Fund	$250,000
13850	8265.08	6632	4762.08		Ubuntu Education Fund	$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

* Training
*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$25,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	520.08	**Mechanism:**	CAPRISA Follow On
Prime Partner:	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	**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:	3814.08	**Planned Funds:**	$239,500
Activity System ID:	13857		

Activity Narrative: SUMMARY:

The activities listed below are intended to be competed and awarded to a follow on partner to UKZN CAPRISA since that award is ending in FY 07.

Activities are carried out to provide clinical, spiritual and psychosocial support to the HIV-infected patients and family members affected by the disease at two established treatment sites in KwaZulu-Natal.

BACKGROUND:

CAPRISA was established in 2002 as a not for profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected clients that were screened out of CAPRISA's other research studies. It has since evolved into one of the pillars of CAPRISA and is evidence of the ongoing commitment to provide comprehensive services to communities. The CAT Program was initiated in June 2004 and currently provides an integrated package of prevention and treatment services. The program provides an innovative method of providing ART by integrating the tuberculosis (TB) and HIV care as well as counseling and testing, family planning, sexually transmitted infections (STI) treatment, prophylaxis and treatment for opportunistic infections (OIs), and other HIV associated conditions at both a rural and urban site. The CAPRISA eThekwini Clinical Research Site is an urban facility attached to the Prince Cyril Zulu Communicable Disease Clinic (CDC) which is a large local government clinic for the diagnosis and treatment of STIs and TB, for which it provides free treatment. The HAART provision at this clinic integrates TB and HIV care into the existing TB control program. Patients are either self referred, or enter the HIV care continuum via the adjoining TB or STI services. The CAPRISA Vulindlela Clinical Research Site is a rural facility located about 150 km west of Durban in KwaZulu-Natal. The Vulindlela district is home to about 500,000 residents whose main access to health care is at seven primary health care (PHC) clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and for advice and referral. At the Vulindlela Site, by the end of June 2007, 2654 people have been enrolled into HIV care and 1002 people had been initiated on ART, with 857 currently actively accessing ART services. At the eThekwini Site, which was initiated in September 2004, 818 people had been ever initiated on ART, with 696 currently actively accessing ART and 2803 people accessing palliative care by the end of June 2007

ACTIVITIES AND EXPECTED RESULTS:

The CAT Program offers a range of free services including treatment services as well as extensive counseling and education around HIV, care and support, disclosure, and HIV treatment adherence. Patients are also encouraged to bring partners in for testing. For women of child-bearing age, program synergy is facilitated at both sites by provision of onsite injectable and barrier methods of contraception, pap smears and pregnancy testing. Both the eThekweni and Vulindlela sites operate with a multi-skilled team of people. Each site has an administrative division, a team of doctors, pharmacists, nurses and counselors. Field workers and peer educators complement the clinic teams as they interact with the community through providing information and education on HIV as well as assisting with patient retention at the clinic.

At the eThekweni site, currently all injectable contraceptives and pap smear analyses are provided free of charge from the eThekwini Municipality. Patients are referred from TB and STI clinics or other CAPRISA research studies. Patients from throughout the greater Durban area who may have TB are routinely evaluated at the communicable disease clinic and are routinely offered counseling and HIV testing. HIV-negative patients are invited to participate in ongoing prevention activities at both facilities.

At the Vulindlela site, all injectable contraceptives and pap smear analyses, TB sputum analysis and basic OI medication is provided free of charge from the Mafakhatinin Clinic. Patients who test positive for HIV are offered HIV specific care through the CAT Program. Concurrent TB diagnostic care and treatment services are accessed via the CAT program from the adjacent TB services. The CAT Program offers extensive counseling and education around HIV, wellness maintenance, disclosure, and HIV treatment adherence. Patients are encouraged to bring partners in for testing. In addition counselors liaise with social welfare departments and other community-based organizations (CBOs) to assist in enhancing social support for patients. HIV clinical care services that are offered include Bactrim prophylaxis, routine screening for OIs, via clinical examination, and blood, urine or sputum testing where required. The CAT project has the capacity to treat commonly occurring OIs at site level and these include pulmonary and extrapulmonary TB, candidiasis, pneumonia, gastro-enteritis, and other respiratory infections. The CAT project also accesses and supplies drugs such as diflucan from DoH PMSC. Patients are referred to tertiary level facilities if they require investigation and inpatient management out of the scope of the clinic management. Referral networks exist for the triaging of sick patients into district and tertiary facilities at both treatment sites. All patients that test HIV positive through the counseling and testing service are offered a routine CD4 count test, which may be repeated at 3, 6 or 9 monthly intervals depending on the level at screening. All patients in the CAT Program with CD4 counts < 200 cells/mm3 see a clinician monthly for clinical and laboratory follow-up and if they are willing to participate in the program, they will also get offered a viral load test. Ongoing adherence support is provided by trained community educators, as well as counselors.

For patients who are TB/HIV co-infected, the TB management is undertaken routinely at the CDC and in accordance with the South African National TB control program. Patients at Vulindlela are referred from the Mafakhatini PHC clinic, research (e.g., non-PEPFAR funded microbicide trial, adolescent cohort, community -based CT Project, community referrals) from community health workers, community advocates and 30 youth peer-educators. The CAT program in Vulindlela aims to address issues of stigma and discrimination and is linked to an Oxfam-funded project which addresses Stigma and Discrimination in the community. The CAT program provides support for disclosing to family members and assists patients in obtaining disability grants. CAPRISA has an extensive community program which supports and facilitates community involvement and informed participation for all CAPRISA projects This includes pre and post-test counseling for HIV infection, treatment and adherence education and support, implementation of ARV treatment, prophylaxis for OIs, management of OIs, adverse events and severe adverse events. These are done at the

Activity Narrative: clinic and through appropriate referral channels when needed. Women account for approximately 70% of participants at both Vulindlela and the eThekweni clinic. Additionally, the majority of staff employed by the CAT project are women. Additionally, a "one stop shop" is available to female participants in that patients access family planning services, STI services, and ART services within the CAT program at both sites. Additionally, Vulindlela patients are also able to access PMTCT services from the adjacent Mafakathini clinic. Male peer educators are employed in order to encourage men's participation in health care, and their uptake of counseling and testing for HIV. This is in keeping with CAPRISA's policy to increase gender equity in their programs. Professional nurses employed are trained and developed to take over routine care activities that are traditionally performed by doctors. This includes ART eligibility assessment, treatment of minor opportunistic infections, and the prescribing of prophylactic agents like contraceptives, cotrimoxazole to program participants. In addition, nurses have been trained to perform a nutritional assessment and identify those participants that may benefit from the nutrition program. Peer educators have been trained to perform a range of activities that have traditionally been performed by nurses, and this includes the provision of health education to participants and provision of support to patients and their caregivers. As part of CAPRISA's retention strategy the CAT program offers services, including ART to all staff employed by the CAT program. This is done in a manner that preserves the privacy and confidentiality of the staff member accessing care. Further, staff training is supported by assistance with fee remuneration, and time to attend training activities.

These results contribute to the PEPFAR 2-7-10 goals by providing facility-based HIV-related palliative care to HIV-infected individuals by providing clinical prophylaxis and treatment for TB/HIV co-infected patients prior to initiation of ARVs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7499

Related Activity: 13862, 13858, 13859, 13860, 13950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23657	3814.23657.09	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	10260	520.09	CAPRISA Follow On	$135,441
7499	3814.07	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	4441	520.07	CAPRISA NIH	$350,000
3814	3814.06	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	2696	520.06	CAPRISA NIH	$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13862	13862.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$291,000
13858	3071.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$470,000
13859	3073.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$1,906,300
13860	3072.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$2,180,200
13950	13950.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$0

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	39	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4632.08

Mechanism: N/A

Prime Partner: South African Clothing & Textile Workers' Union

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: 13821.08

Planned Funds: $300,000

Activity System ID: 13821

Activity Narrative: SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) project has received PEPFAR funding in previous years through a sub-agreement with the Solidarity Center, but in FY 2007, SACTWU received direct PEPFAR funding. SACTWU has a well-structured training program, initiated in 1999, that has evolved within the dynamics of the industry and includes basic facts on HIV, AIDS, abstinence, being faithful and condom use. The major emphasis area of the activity is training. Target populations include factory workers and people affected by HIV, HIV-infected women and business/ community/ private sector.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. Hence, SACTWU members form part of the economically active population that has been identified as being the hardest hit by the HIV and AIDS epidemic. Further, around 66% of SACTWU's membership is female. The prevention program is a three-level training program that starts with a foundation phase on the basic facts of HIV and AIDS, abstinence, being faithful and consistent and correct condom use (ABC). The FY 2008 the training will focus specifically on the issues of multiple concurrent partnerships, and intergenerational sex. These facts are reinforced and strengthened with the intermediate and advanced modules of training. The intermediate module deals with legal aspects and workplace policy development. In the advanced module, delegates are trained to become trainers, lay counselors and home-based carers. SACTWU also has an HIV and AIDS awareness workplace program where trainers take the training to floor level in 30-minute sessions in the factories.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides prevention and care services in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The SACTWU AIDS Project was initiated in 1998 and developed a national comprehensive program, with an initial focus on prevention. It has matured over the years to the point where it now has a well-structured comprehensive training program, provides "in house" testing and counseling (CT) services, access to a social worker in KwaZulu-Natal, runs income generating workshops, provides a primary package of care through the CT service, and provides home-based care through its regional nurses and a home-based care network in KwaZulu-Natal. The nurses provide some level of support in the home through home visits, but this activity is mainly implemented by the home-based care network of 19 home-based carers who provide ongoing home-level support.

ACTIVITIES AND EXPECTED RESULTS:

SACTWU has not received PEPFAR funding for palliative care before. However, though the activities are new, they support the current prevention, counseling and testing (CT) and ARV services components.

SACTWU has an existing care component for the program in KwaZulu-Natal. These include counseling and therapeutic services on social problems to workers and their dependants within the industry to enhance their social functioning; to provide psychosocial support to HIV-infected workers and their families, including support groups; building capacity by running skills development workshops (e.g., food gardens, beadwork skills, cooking, cushion-making skills, and candle making skills). These activities are geared as income generating activities for participants.

In addition the FY 2008 funding provides for the palliative care of the ARV services program, including: screening for pain and symptoms; screening for TB, STI and OI including the management of opportunistic infections; cotrimoxazole prophylaxis; support groups for people on antiretroviral treatment, support groups for those who are HIV-infected but not yet on treatment, integrated preventions services, including prevention with positives and nutrition assessment, counseling and support.

The training programs involve skills transfer for income generation to the targeted participants. These participants include HIV-infected members of SACTWU and their families. The training frequency is expected to be once per month, lasting between 2 and 3 hours for each session.

For health workers, SACTWU has an in-house home-based care training program. There are 3 levels of training: Phase 1 – 2 day theory, 2 day Practical; Phase 2 – Mentorship Program; and Phase 3 – Field Assessment. The mentorship program is conducted at a step-down facility. The field assessments are conducted by the regional nurse who assesses the home-based carers on their skills at the home of a client. Once the assessments are complete the home-based carers are required to conduct 3 home visits on their own. Once the home-based carers have successfully completed the 3 home visits they are given a certificate of competency and are then deployed to provide service

With FY 2008 funding, these services will expand to the Western Cape, and possibly to other areas in the geographic scope of the project.

The SACTWU activities support the PEPFAR 2-7-10 goals of reaching 10 million people with care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13818, 13819, 13820

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13818	7933.08	6624	4632.08		South African Clothing & Textile Workers' Union	$125,000
13819	7932.08	6624	4632.08		South African Clothing & Textile Workers' Union	$1,000,000
13820	7934.08	6624	4632.08		South African Clothing & Textile Workers' Union	$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	25	False
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

Indirect Targets

The indirect target above as what we envisage for those workplaces where we work jointly with workplace-based nurses and other medical practitioners.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 274.08 **Mechanism:** Masibambisane 1

Prime Partner: South African Military Health Service **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 2979.08

Planned Funds: $100,000

Activity System ID: 13825

Activity Narrative: SUMMARY:

The palliative care program focuses on training of clinic, hospital, and hospice health workers for SANDF, and HIV-infected and affected individuals and their families. Program activities include training of health care workers to effectively manage HIV-infected individuals, expanding terminal care facilities, establishing a home-based care database, and distributing home-based care kits. OI prophylaxis, TB screening, and identification of individuals who qualify for ART as services are available, will be addressed, following National guidelines. The care and support is multi-professional and includes psychosocial, nutritional, spiritual and people living with HIV and AIDS (PLHIV) support. In addition, the program will address the issue of stigma in the workplace through a targeted program evaluation and contribute to effective and innovative palliative care programs through attendance of PEPFAR palliative care partner meetings and conferences. Overall, the program supports the development and implementation of a comprehensive palliative care plan as part of the South Africa Department of Defense (SA DOD) Plan for the Comprehensive Care, Management and Treatment of HIV and AIDS.

BACKGROUND:

The SA DOD provides care to the military and their families. Training of health care professionals in the provision of holistic palliative care has been performed since the inception of PEPFAR, but the development of a strategy for terminal care to HIV-infected members is fairly new and was established through PEPFAR funding in FY 2005 following a needs assessment. Some of the main components of the terminal care strategy are the development of infrastructure, including the upgrading of hospices, of which one was included in the FY 2005 budget. Further hospices were planned for upgrade in FY 2007 and it is anticipated that unit-based facilities for the care and support of terminal HIV-infected members will be established during FY 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The primary aim of this training is to equip health care workers with the knowledge, skills and attitudes required to conduct HIV pre and post-test counseling interviews. Training of health care professionals will be conducted through the Health Care Workers Course developed by the SA DOD. This is a four-day course, of which two days are dedicated to developing interviewing skills and practicing pre and post test counseling scenarios. Some time will be spent on issues of sexuality, policy and legislation, and occupational exposure. This will enhance the ability of health care professionals to manage HIV-infected individuals. Target health care workers will include physicians, nurses, social workers, and psychologists.

ACTIVITY 2: Provision of care

Expansion of terminal care facilities through the establishment of regional step down care facilities within military communities Is planned in FY 2008. This may include upgrading or sourcing of hospice services according to need towards management of individuals with terminal HIV disease. The package of services also includes basic pain and symptom management and facility-based support for adherence to opportunistic infections medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART).

Support to individuals providing home-based care through training aimed at optimizing quality of life and effective management of terminal family and community members living with HIV, sourcing of home-based care packages (inclusive of items like gloves) and IEC material to ensure appropriate care to terminal HIV-infected individuals and to prevent transmission of HV to caregivers. The establishment of a home-based care provider data base will help to ensure quality support to HIV-infected members and their dependants when home-based care is required.

Patients will be identified for ART and referred, as additional ART services are expanded. Referral to PLHIV support networks and workshops will help to address stigmatization and discrimination and will be a useful strategy to ensure healthy living.

ACTIVITY 3: Addressing stigma

As a result of findings of KAP survey (SA DOD, 2006), which suggest continuing stigmatizing attitudes of individuals surveyed, the SA DOD requested a program evaluation, using qualitative methodology, to address stigma within the SA DOD associated with HIV-testing and HIV-infected in an effort to modify existing prevention of stigma in the workplace programs and the Health Care Workers Course. The Director of Nursing will work with the Military Psychological Institute (MPI) in the development of the methodology for this evaluation.

ACTIVITY 4: Dissemination of innovation

The SA DOD will disseminate innovation through attendance of PEPFAR palliative care partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars.

Program implementation will be supported by supervision and quality assurance through staff visits to the regions and monitoring and evaluation through the HIV M&E programs to track performance. Technical assistance will be provided to the SA DOD by the U.S. DOD.

The activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of individuals receiving palliative care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7440

Related Activity: 13822, 13823, 13824, 13826, 13827, 13828, 13829, 13830

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22785	2979.22785.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$97,090
7440	2979.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$100,000
2979	2979.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	105	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,026	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	330	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4105.08 **Mechanism:** SACBC

Prime Partner: South African Catholic Bishops Conference AIDS Office **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 13817.08

Activity System ID: 13817

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: $485,000

Activity Narrative: SUMMARY:

The Southern African Catholic Bishops Conference (SACBC) AIDS Office has adopted a family-centered developmental approach and a child-focused intervention for its OVC program. For the 2008 fiscal year the SACBC AIDS Office will extend its program and services to the surviving parents, guardians and the foster parents of HIV-infected individuals and orphans and other vulnerable children supported through this program. The SACBC AIDS Office will support its sub-recipients in palliative care program design, implementation and direct services for the surviving parents, guardians and foster parents living with HIV and AIDS. The SACBC AIDS Office will guide its sub-recipients to implement a comprehensive, holistic and interdisciplinary approach to HIV care. This program will strive to achieve optimal quality of life for people living with HIV (PLHIV) and their families and minimize suffering through clinical, psychological, spiritual, social and preventive care support. Through this program PLHIV will be referred to existing ART sites. Some of the sub-recipient sites receive funding through a Track 1 partner, Catholic Relief Services, for HIV care and treatment, and this co-location allows for ease of referrals.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to parents (primary caregivers)

The SACBC AIDS Office will strengthen the capacity of families to protect and care for OVC by prolonging the lives of the primary caregivers through clinical care which include HIV counseling and testing, routine follow-up to determine the optimal time to initiate ART if HIV-infected; prevention and treatment of opportunistic infections including cotrimoxazole prophylaxis such as tuberculosis (TB); HIV prevention and behavior change counseling including prevention with positives. Sub-recipients will be encouraged to run counseling and testing (CT) campaigns. Through these campaigns primary caregivers will be encouraged to know their status. In addition the SACBC AIDS Office will support its sub-recipients to provide clinical, psychological, spiritual, social care and integrated prevention services. The SACBC AIDS Office will support its sub-recipients to establish community-based support groups and appropriate training will be provided. Advocacy initiatives will also be conducted at the congregational level to ensure that the local priests are supportive and promotes spiritual care through retreats. In addition the SACBC AIDS Office will support its sub-recipients to develop programs geared towards stigma reduction. Sub-recipients will be supported to run awareness and acceptance HIV campaigns within their respective communities.

ACTIVITY 2: Building Networks through Linkages and Integration

The SACBC AIDS Office will provide technical support to its sub-recipients to strengthen and integrate home-based care, community-based care and facility-based care for family members of HIV-infected into the OVC programmatic interventions. The SACBC AIDS Office will ensure that its sub-recipients build and sustain comprehensive HIV and AIDS care systems. The SACBC AIDS Office will ensure that strong referral systems are in place at local level for the provision of prevention, treatment and care across facilities, clinics, communities and homes. The SACBC AIDS Office has eight sites that already provide on-site health care, and this ensures that access to health care for HIV-infected and OVC is improved.

ACTIVITY 3: Mainstreaming Gender

Gender equity will form an integral part of the SACBC AIDS Office program's activities. The SACBC AIDS Office will ensure that women and men are receiving equitable support and access to essential palliative care services, especially treatment. Sub-recipients will be encouraged to work with male groups in their dioceses to mobilize the involvement of men as caregivers and members of various support groups. Communities will be mobilized to enforce female protection from exploitation and abuse and to mitigate against gender-based violence. The SACBC AIDS Office will support its sub-recipients to work with the existing gender-based violence programs within the Department of Social Development at district level. . The SACBC AIDS Office promotes the teaching of the Catholic Church concerning abstinence and fidelity, as well as the appropriate use of condoms for discordant couples.

ACTIVITY 4: Capacity Building

The SACBC AIDS Office will provide technical support to strengthen the capacity of its sub-recipients by providing training on various aspects of palliative care. In addition the sub-recipients will be provided with ongoing supervision and mentoring. The SACBC AIDS Office will develop wraparounds with other partners (such as the Department of Social Development) for food supplements and nutrition assistance to ensure effective implementation of palliative care.

a) Training for secondary caregivers: In FY 2008, training of secondary caregivers will focus on treatment literacy, psychosocial support and caring for PLHIV. The SACBC AIDS Office will identify a credible service provider to provide the treatment literacy training. The course is conducted over five days. The Regional Psychosocial Support Initiative (REPSSI) will provide the psychosocial support (PSS) course for caregivers who are new to the program and are not well-versed in PSS. The psychosocial support course included themes such as a sense of self-worth, of value, self-esteem, bereavement care, building resilience, listening and talking to distressed children, child development; hero books and the holistic needs of human beings.

b) Training of primary caregivers: Families of HIV-infected individuals and OVC will be trained by secondary caregivers in identifying and establishing viable income-generating activities for economic strengthening of households. Primary caregivers will also be trained in basic nutrition, HIV and AIDS awareness and prevention including prevention with positives, basic hygiene and treatment literacy particularly for families of people living with HIV.

c) Training of trainers: In FY 2008, this program will target a few secondary caregivers from each sub-recipient to be trained as trainers in treatment literacy, psychosocial support and home-based care. These caregivers would then be responsible for training other caregivers using the same curriculum and materials to maximize the impact of training and to improve chances that information gained from the various training sessions is implemented at site level.

In all of the above activities, OVC will be counted only in the OVC program area. PLHIV will receive at least

Activity Narrative: one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services

These activities will contribute to the PEPFAR goal of reaching 10 million HIV-infected and affected individuals with care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13816, 13710

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13816	6563.08	6623	4105.08	SACBC	South African Catholic Bishops Conference AIDS Office	$1,940,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food $36,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,400	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4761.08

Mechanism: N/A

Prime Partner: Training Institute for Primary Health Care

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: 8268.08

Planned Funds: $200,000

Activity System ID: 13844

Activity Narrative: SUMMARY:

The TIPHC embarked on the initiative of providing care and support services to HIV and AIDS infected and affected persons in response to the need to complement the South African Government (SAG) provision of basic health care services to the underserved communities and vulnerable groups. The emphasis area is human capacity development. This is complemented by information, education and communication, linkages and referrals, training and food/nutrition support through private sector partnership of food parcel deliveries. The specific target populations include HIV-infected individuals and their families in underserved communities.

BACKGROUND:

TIPHC is a South African registered non-profit organization which has been operational since April 1994. It has a long history of implementing HIV and AIDS information, education, home-based care and support programs in Emalahleni Municipality, a local authority of Mpumalanga province. TIPHC is a key partner to the South Africa National and Provincial Government HIV and AIDS Prevention and Control Program. Its home-based care program is aligned to SAG's policy guidelines for providing a continuum of support services for HIV and AIDS infected individuals and their affected family members from the time the individual gets infected with HIV through sickness and terminal stages of AIDS through the time of family bereavement when the individual dies. To date, it has cared for and supported hundreds of HIV and AIDS infected and affected persons including OVC. It has since grown and gained the confidence of both the provincial and National Department of Health (NDOH) which have funded the bulk of its prevention and care activities. With PEPFAR funding, TIPHC's home-based care and support program will consolidate the integration of the three pillars of service provision as outlined in the Department of Health Home-based Care and Community-based Care Guidelines. This is a holistic approach that addresses the health, psychosocial and economic needs of the target group whereby PLHIV will be assisted to engage in PEPFAR supported income generating projects. The sustainability of the program is hinged on its integrated strategies for service provision. Every activity is implemented in collaboration with SAG and local municipalities. In addition, training and capacity building of caregivers, client families and communities will ensure that the communities will gain the necessary skills to be able to continue with future initiatives for program implementation.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Palliative Care

The basic service provided under this initiative will include elements of the preventive care package, OI prophylaxis, pain and symptom management and referral within clinical and home-based settings. A team of trained and dedicated home caregivers and supervisors conduct scheduled and emergency home visits to check on patients, arrange for patients visits to the clinic, organize collection of medication where necessary, ensure that patients take prescribed medication and offer physical assistance with cleaning and feeding of those without helpers. Given the high frequency of TB in patients with advanced HIV, there will be an emphasis on TB screening. Effort will be made to ensure equitable access to care services for both males and females.

ACTIVITY 2: Training and support for caregivers

Training of caregivers will increase the level of competence and effectiveness in providing care services. Caregivers will need to be multi-skilled in assessing patient condition, pain and symptom management and referral within clinical and home-based settings. TIPHC will coordinate the training of home-based carers. Caregivers will attend a ten-week training course that is facilitated by the Department of Health. This is a comprehensive course which provides caregivers with the knowledge and essential skills for patient care, illness management, assessment of patient's condition and environment, making referrals to the clinic, providing psychosocial support and counseling and guidance with good nutrition and family economic empowerment. In addition to training, caregivers will be supported through the decentralized district health system (local clinics and hospitals) with referrals, home care supplies and regular psychological debriefing which form the fundamental strategies of the care program.

ACTIVITY 3: Patient and family support

Provision of information to and counseling of the infected and affected persons is a requisite service. It enables the caregiver to establish a rapport with the client for dealing with more sensitive issues like advice and referral for counseling and testing. Other support services that are offered in conjunction with palliative care include the training and education of family members to care for patients as well as other family members in need of help, making arrangements for family psychological and spiritual counseling and support from the religious fraternity. Nutritional assessment and monitoring and provision of non-USG funded food parcels are a vital component of client support. Particular attention will be given to vulnerable groups such as female, granny and child-headed households where gender-equity issues become highlighted due to high potential of gender-based violence, abuse, stigmatization and discrimination towards the disadvantaged groups like the sick, the old and frail, women and children. The importance of nutrition will be highly emphasized especially for the sick, the old and vulnerable children.

ACTIVITY 4: Capacity building for family and community members

Information and education about home-based care and mobilization for community member participation in the program will be intensified through house campaigns with the aim of reducing fear, misconceptions and stigma associated with patients suffering from AIDS related illnesses. During campaigns, families will get counseling and information materials. Family members will be guided on how to manage family resources and initiate income generating projects (IGPs). To facilitate income generating activities, PLHIV will be encouraged to form support groups in each community and the groups will be assisted with inputs for implementing IGPs. The projects will be linked to enterprise development agencies and TIPHC will monitor progress and report on outcomes.

ACTIVITY 5: Referral

Activity Narrative:

Referral and support services are key components of palliative care. It entails working in close cooperation with the Provincial and National Departments of Health, local clinics and hospitals other Government Departments like Education, Social Development, Home Affairs and Local Municipalities. Clients are assisted with hospitalization for clinical care. Support is also provided to enable clients to access subsidies for children's education, social grants, water and electricity and acquisition of personal documentation like birth certificates and identity documents. TIPHC caregivers and program staff will play a critical role of making the referral and following through to ensure that the client receives the entitled service. Clients will be monitored very strictly and their case files documented comprehensively.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

This activity will contribute to the PEPFAR objective of providing care to 10 million people infected and affected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8268

Related Activity: 13843, 13845, 14253

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22831	8268.22831.09	U.S. Agency for International Development	Training Institute for Primary Health Care	9801	4761.09		$194,181
8268	8268.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13843	8267.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13845	8269.08	6631	4761.08		Training Institute for Primary Health Care	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Retention strategy

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 216.08

Mechanism: ACQUIRE

Prime Partner: Engender Health

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: 12371.08

Planned Funds: $325,000

Activity System ID: 13777

Activity Narrative: SUMMARY:

EngenderHealth's Men as Partners (MAP) Program works to reduce the spread and impact of HIV/AIDS and gender-based violence by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women, pursuing multiple sexual partners and participating in other HIV and AIDS related risk behaviors. The MAP program utilizes a range of strategies, including skills-building workshops, community mobilization, health service provider training, direct service provision related to living counseling and testing and palliative care, media advocacy and public policy advocacy efforts to achieve its major goal of gender norm transformation to reduce the spread and impact of HIV and AIDS and gender-based violence. MAP recognizes that this transformation will assist men and women in achieving such behaviors as sexual abstinence, being faithful to one partner, using condoms consistently and correctly, reducing the numbers of sexual partners, treating women as equals, living positively with HIV and AIDS, among other behaviors. MAP works with individual men and boys, their romantic partners, as well as community structures to influence culture and transform lives. Specially, MAP targets men and boys, in and out-of-school youth, university students, adults, people living with HIV/AIDS (PLHIV), caregivers, community and religious leaders, program managers, public health care providers, CBOs, FBOs and NGOs.

BACKGROUND:

Since 1998, EngenderHealth has received USG funding to support CBOs, FBOs and the South African government to implement MAP programming. EngenderHealth's core strategy is conducting skills-building workshops on gender norm transformation. Through these workshops, MAP develops "transformation agents" (e.g. peer educators) who then spread MAP messages and skills from the workshops to others in their communities. These workshops are tailor made for various communities, integrating abstinence/be faithful messages and/or condoms and other prevention messages, motivating men to know their HIV status and take action if they test positive for HIV, as well as providing support to those men (and women) living with HIV. MAP encourages men to take action in their communities, challenging other men who are practicing behaviors that put them (and their partners) at risk for and living with HIV/AIDS and gender-based violence. Working through various community-based partners, MAP also mobilizes communities to take action via community education events and the formation of "community action teams" (CATs). In addition, MAP works with support groups to make their services for PLHIV to be more “male-friendly”, and encouraging of men to seek such services. EngenderHealth MAP also produces behavior change communication materials which motivate men and boys to address these harmful gender norms and transform themselves. Currently, EngenderHealth is running the “I am a Partner” campaign; focusing on defining what men can do to take action and be more gender equitable to reduce the spread and impact of HIV/AIDS (see www.iamapartner.org). Working through national campaigns, such as annual Men as Partners (MAP) Week, EngenderHealth engages national private sector, media and government partners to increase the effectiveness of MAP. Finally, EngenderHealth staff members coordinate provincial MAP Networks, creating a space for lessons among gender activists to be shared, and formulating a platform for national advocacy efforts - such as actively participating in the development and adoption of the South African National Strategic Plan in HIV/AIDS. Recently, EngenderHealth developed additional programming linked to voluntary counseling and testing palliative care. Based on direct results of challenging men to move beyond harmful gender norms, the MAP Palliative care program has become a necessity, as numerous men are coming forward in need of assistance in living with HIV. They are often accompanied or encouraged by their partners who are also living with HIV. The MAP Palliative care program works to ensure that needs specifically associated with men are met, and work to motivate other men to come forward and seek assistance, at the same time working with their partners for healthy relationships. EngenderHealth will contribute to the overall PEPFAR goals of 2-7-10 by increasing the number of men accessing HIV services including treatment; increasing the number of young and adult men choosing to abstain or be faithful/reduce their number of sexual partners; reducing women's vulnerability to HIV and AIDS by preventing gender-based violence; and increasing the number of men caring for the ill. EngenderHealth will contribute substantially towards meeting the vision outlined in the USG Five-Year Strategy for South Africa by increasing the effectiveness of NGO activities.

ACTIVITY 1: Training/Capacity-building on Male-friendly Palliative Care

EngenderHealth will continue to use its Men’s HIV Palliative Care curriculum with various target audiences in South Africa, including community-based organizations providing home-based care, community centers offering HIV support services, PLHIV organizations, treatment access sites, university-based PLHIV support programs, among other EngenderHealth partners. EngenderHealth will offer these 4-5 day trainings six times a year, reaching 20-25 participants. The trainings will focus building knowledge and skills on male gender norms and their linkages to unhealthy behavior associated with PLHIV – such as not seeking treatment early because men are perceived to be strong. These trainings will assist in building knowledge and skills related to effective palliative care programming specifically for male clients (but not limited to). Issues such as acceptance and understating of HIV status, nutrition, stigma reduction, adherence issues, psychosocial support, disclosure issues, among others will be covered. Emphasis will also be placed on treatment access, ensuring that those in need of treatment receive it. EngenderHealth is also in the process of gaining SAG-approval for this training.

ACTIVITY 2: Provide support to PLHIV

EngenderHealth will provide direct support for PLHIV, specially catering to the unique needs of men, however, not limited only to men. Thus, EngenderHealth will continue its counseling programs, providing both individual and group support, as well as linking PLHIV to existing ARV treatment services. These support activities via groups and one-on-one counseling will cover such issues such as acceptance of one’s HIV status, nutrition, adherence, psychosocial support, disclosure issues, among others. In addition, through its MAP methodology, EngenderHealth will motivate male PLHIV to be more active in their communities, promoting male gender norm transformation to reduce the spread and impact of HIV/AIDS, as well as reducing gender-based violence. Efforts will be targeted to work within selected communities in Gauteng, KZN and Western Cape provinces, working via partner NGOs and public sector institutions. These efforts will also empower PLHIV to assist in reducing HIV-related stigma in these specific communities. EngenderHealth expertise will assist in creating more access to palliative care programs specifically targeted the needs of men.

Activity Narrative: ACTIVITY 3: Mobilize Communities to be supportive of PLHIV

Through its existing MAP network, EngenderHealth will continue to engage men to address male gender norms, with a specific focus on HIV/AIDS stigma reduction. Through bi-monthly workshops (reaching 20-25 individuals per training) and community awareness sessions, EngenderHealth's Palliative Care program will focus on dispelling myths associated with HIV/AIDS, and work to reduce the fear and stigma associated with HIV/AIDS – perceived to be a fatal disease that is often spread through sexual activity. When appropriate, PLHIV who are clients on the MAP Palliative Care program will serve as "transformation agents" assisting in conducting these trainings.

ACTIVITY 4: Advocating for more male-friendly Palliative Care Programs

Through its MAP Network, EngenderHealth will add "male friendly" palliative care issues to its advocacy agenda – working with various sectors of government to ensure this issue is address, as stipulated in the South African National Strategic Plan on HIV/AIDS and STIs. Meeting on a monthly basis for MAP prime partners (approximately 20 individuals) and on a quarterly basis for the prime MAP partners and other key stakeholder (approximately 50-75 individuals), EngenderHealth will coordinate such efforts. In addition, other development partners will cost share on the hosting and benefits of the MAP network

ACTIVITY 5: Monitoring and Evaluation

EngenderHealth staff will also continue to conduct monitoring and evaluation activities of the efforts through various process and impact assessments. Specific monitoring plans have been developed to assess the Palliative Care programs. As well each training session and community event is documented, examining knowledge and attitudinal shifts among participants.

All these activities contribute to the PEPFAR goal of providing care to 10 million HIV-affected individuals through an increased number of people being tested and knowing their status, resulting in fewer infections; higher gender equality through counseling (individuals/couples); increased lifespan due to timely treatment of opportunistic infections, and strengthened linkages between services offered by government and other organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12371

Related Activity: 13775, 13776, 13778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22770	12371.22770.09	U.S. Agency for International Development	Engender Health	9791	216.09	RESPOND	$0
12371	12371.07	U.S. Agency for International Development	Engender Health	4469	216.07		$280,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13775	2919.08	6604	216.08	ACQUIRE	Engender Health	$690,000
13776	2920.08	6604	216.08	ACQUIRE	Engender Health	$520,000
13778	7983.08	6604	216.08	ACQUIRE	Engender Health	$290,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	False

Indirect Targets

EngenderHealth will support efforts at facilities in developing more male friendly programming, such as support groups, gender norm transformative workshops, nutritional education, adherence awareness, stigma reduction strategies, among other issues.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	1201.08	**Mechanism:**	QAP
Prime Partner:	University Research Corporation, LLC	**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:	3109.08	**Planned Funds:**	$1,000,000
Activity System ID:	13872		

Activity Narrative: SUMMARY:

University Research Co. LLC/Quality Assurance Project (URC/QAP) will support Department of Health (DOH) facilities in 5 provinces to improve the quality of basic health care for people living with HIV (PLHIV) by improving compliance of healthcare workers with treatment guidelines through capacity building and strengthening of monitoring and supervision The essential elements of QAP support include streamlining of process of care for PLHIV as well as helping improve technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis area for this activity is quality assurance and supportive supervision, with minor emphasis on development of referral systems, training and policy/guidelines. The activity targets public health workers, program managers, volunteers and PLHIV. These activities will result in improving the continuum of care for adults and children living with HIV and their families as they pass through different stages of the disease or through different levels of healthcare system ensuring that they receive high quality services.

BACKGROUND:

URC/QAP currently works with 70 DOH facilities in five provinces improving the quality of basic healthcare and support services for PLHIV. In FY 2008 the number of DOH facilities that URC/QAP mentors will be expanded. In FY 2008, URC/QAP will work with the South Africa (SA) DOH and Department of Social Development, community-based organizations/home-based organizations (CBOs/HBOs) and other PEPFAR partners to ensure the delivery of comprehensive family-centered services for PLHIV. Using Quality Assurance (QA) tools and approaches, URC/QAP will help facilities provide an essential package of activities following national guidelines and standards, to ensure that PLHIV receive high quality basic healthcare and support services. Temporary medical staff will be made available to healthcare facilities to initiate and strengthen provision of basic health services for PLHIV. URC/QAP will also work with HBOs/CBOs to improve home-based care services by linking home-based caregivers to facilities providing care and support. It is envisioned that URC/QAP activities will support integrated programming in a network of services for all HIV-infected clients and their families by integrating preventive messages and condoms into HIV and AIDS care activities, screening and referral for PLHIV to other service delivery areas, stigma reduction activities and involvement of community/home-based caregivers to promote adherence to ART and anti-tuberculosis (TB) regimens.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with each facility to identify core teams representing various clinical services involved in care and support for PLHIV These teams, with support from URC/QAP and district staff, will be responsible for implementing plans for improving access to quality basic primary healthcare and support services for PLHIV, particularly issues pertaining to equitable access for women and girls/related gender considerations. Each team will conduct baseline assessments to identify and address quality gaps in clinical services. These assessments will be used by the facility teams to develop and implement a quality improvement plan. URC/QAP will assist facility teams in developing and implementing strategic plans for improving access to quality healthcare services. URC/QAP activities will focus on improving preventive care services for PLHIV and their families, including access to HIV counseling and testing services, TB/OI screening and provision of cotrimoxazole prophylaxis. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to sex partners and infants born to HIV-infected mothers and protect the health of infected individuals. URC/QAP will monitor staff interventions to provide high quality services in nutrition counseling, diarrhea management, screening for pain and symptoms, treatment for OIs and ARV services, home-based support, social service linkages and community-based ART follow-up and adherence support, in accordance with the national guidelines. URC/QAP will facilitate linkages to treatment and care for eligible clients by training facility staff on the need for treatment referrals. Effort will be made to ensure equitable access to care services for both males and females. URC/QAP will work with facility staff to design and implement referral plans and strengthen the development of networks with CBOs/HBOs to improve referral patterns.

URC/QAP activities at facility level will include an integration of key HIV and AIDS prevention messages and provision, including prevention with positives, and referral for condoms into all care activities. At national and provincial levels, URC/QAP will continue to collaborate with the NDOH on the development of infection control guidelines, emphasizing measures such as good hygiene practices and use of safe water for PLHIV. At a community level, CBOs/HBOs linked to DOH facilities will be assisted to provide home-based care services to PLHIV and expand outreach services to the community. URC/QAP will also train facility and CBO/HBO staff in pain and symptom management for all PLHIV, including basic assessment and management of common pain and symptoms related to HIV disease and appropriate use of the WHO analgesic ladder and referral when necessary.

ACTIVITY 2: Human capacity development

URC/QAP will train facility staff in QA strategies, specific to basic health care. In addition, job-aids and wall charts will be provided to improve compliance with clinical and counseling guidelines. All training will be in accordance with the SA National DOH training guidelines for community and home-based care, HIV and AIDS Care and Treatment Guidelines and PMTCT guidelines for pediatric care. At the community level, URC/QAP will fund and capacitate CBOs/HBOs to better utilize community health workers and strengthen the capacity of families and community members to meet the needs of PLHIV.

ACTIVITY 3: Strengthening supervision

URC/QAP will visit each facility/CBO at least twice a month to provide onsite mentoring to healthcare workers. This will focus on improving clinical skills of staff as well as ensuring that improvement plans are being implemented correctly. During these visits URC/QAP will also review program performance data to ensure expected results are being achieved. URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether staff is compliant with national guidelines. To ensure staff is being

Activity Narrative: supported on an ongoing basis and promote sustainability, URC/QAP will train district, facility-level, and CBO supervisors in QA and facilitative supervision techniques.

ACTIVITY 4: Care support groups

URC/QAP will provide assistance with set up, running and facilitation of community and facility-based care support groups at all QAP-supported health care sites in the five provinces. The focus will include Prevention with Positives (PwP), wellness programs and care for the caregivers activities.

ACTIVITY 5: Support for families of PLHIV

URC/QAP will provide support to improve support and care services provided to families of PLHIV by facility - and community-based healthcare workers. To this end, staff at URC/QAP-supported facilities and home-based care organizations will be encouraged and mentored on the importance of provision of clinical/physical, psychological, spiritual, social and preventive services to families of PLHIV. URC/QAP staff will focus on identification of clinical/social needs within these families and the development of appropriate referral linkages and networks.

In all of the above activities, PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

This activity contributes to the PEPFAR target of 10 million people in care. URC/QAP will assist PEPFAR in reaching the vision outlined in the USG/South Africa Five-Year Strategy by improving the continuum of care for PLHIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7429

Related Activity: 13871, 13873, 13874, 13875, 13876

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23889	3109.23889.09	U.S. Agency for International Development	University Research Corporation, LLC	10307	1201.09	HCI	$699,051
7429	3109.07	U.S. Agency for International Development	University Research Corporation, LLC	4415	1201.07	QAP	$1,300,000
3109	3109.06	U.S. Agency for International Development	University Research Corporation, LLC	2713	1201.06		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13871	3111.08	6639	1201.08	QAP	University Research Corporation, LLC	$485,000
13873	3110.08	6639	1201.08	QAP	University Research Corporation, LLC	$751,750
13874	3114.08	6639	1201.08	QAP	University Research Corporation, LLC	$446,200
13875	3108.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,463,800
13876	13876.08	6639	1201.08	QAP	University Research Corporation, LLC	$727,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	140	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	54,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	242.08	**Mechanism:**	ACCESS
Prime Partner:	JHPIEGO	**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:	7887.08	**Planned Funds:**	$720,000
Activity System ID:	13780		

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO is changing in October 2008 therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under HBHC are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

SUMMARY:

Since 2004, JHPIEGO has been working in HIV and AIDS service delivery areas, supporting human capacity development strategies which include health care worker training and quality assurance that improve provider performance. In FY 2008, JHPIEGO will support the expansion of palliative care services through the provision of clinical and social care services for people living with HIV and AIDS (PLHIV) with an emphasis on opportunistic infections and cancers in service delivery settings and social and legal care at the NDOH. JHPIEGO will provide technical support to the NDOH by placing a HIV and AIDS Care Technical Advisor and training within the NDOH HIV and AIDS Care and Support Unit. The major emphasis areas of these activities are: 1) training, 2) linkages and referral systems, and 3) human resources. Specific target groups are HIV-infected individuals and their families, women of reproductive age, family planning clients, pregnant women, and health care workers.

BACKGROUND:

The JHPIEGO palliative care program is continuing from FY 2006 to provide technical support to the NDOH and to train health workers in state of the art HIV-related care issues. Despite social and legal program successes in South Africa, technical support is required in the NDOH to address national-level social and legal inequities and program gaps for PLHIV. In FY 2008 JHPIEGO will continue to also focus its support on training and health worker skill for screening for opportunistic infections and AIDS-associated malignancies, particularly cervical cancer. Protocols and materials for prophylaxis and treatment of OIs are widely available throughout clinics in South Africa; however, training support is needed at primary health care levels throughout the country. Given the high burden of HIV in South Africa, prevalence of AIDS-related malignancies and the corresponding high incidence of cervical dysplasia among HIV-infected women a gap exists in screening and treatment for AIDS-related cancers, especially cervical cancer. Recently published studies (Moody et al. 2006) document an increased risk for squamous intraepithelial lesions (SIL), the precursor to invasive cervical cancer, among HIV-infected women in Western Cape, confirming data from other international studies. Cancer of the cervix continues to be the second commonest cancer among South African women and is included as one of the defining conditions of the AIDS in South Africa. Studies and clinic experience in South Africa continue to underscore the importance of developing locally relevant cervical screening and management guidelines for HIV-infected women in South Africa. In collaboration with the North West province provincial Department of Health, JHPIEGO will provide training and technical support for OI prophylaxis and care for PLHIV and screening for cervical cancers in HIV-infected women at primary health care centers.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support for National Department of Health

JHPIEGO will continue to provide technical support to the NDOH by placing a HIV and AIDS Care Technical Advisor within the NDOH HIV and AIDS Care and Support Unit to support and expand the government's programs for care of PLHIV. At the request of the NDOH, emphasis is needed to support and expand legal and social support activities for PLHIV. Activities in FY 2008 include activities to mitigate HIV and AIDS stigma in partnership with PLHIV, and training paralegals on human rights for PLHIV. The advisor will have the full access to technical experts at JHPIEGO and the experts based at Johns Hopkins University. This technical advisor will work closely with a JHPIEGO sponsored advisor focusing on accreditation of primary health care facilities.

ACTIVITY 2: Training and technical support for OI prophylaxis and care for PLHIV and screening for cervical cancers in HIV-infected women at primary health care centers

In FY 2008, JHPIEGO will expand care program in the North West province and work collaboratively with Columbia University in Eastern Cape and KwaZulu-Natal. JHPIEGO will train facility-based health care workers on OI prophylaxis and care (emphasis on cotrimoxazole prophylaxis, TB screening and OI treatment) and will include all elements of the evidence-based adult and pediatric preventive care package, ART adherence and basic pain and symptom management within the training program. Facility-based care also creates an entry point for screening and treatment of human papilloma virus (HPV, the cause of 95% of cases of cervical dysplasia), other sexually transmitted infections, cervical cancer itself and other AIDS-associated cancers which are often overlooked in clinic settings. JHPIEGO will train and support district and primary health care level health professionals working with PLHIV to appropriately screen, diagnose, treat and educate PLHIV and their partners about HPV, other STIs, cervical dysplasia and other AIDS-associated malignancies as a component of comprehensive care services for PLHIV. Protocol and material development, training, supportive supervision and follow-up technical support will be provided. The program will be developed and implemented in partnership with the North West province provincial Department of Health and is intended to improve the capacity of the South African health system to provide holistic care of PLHIV, especially women infected or at risk for both HIV and cervical cancer. This activity addresses gender issues by promoting equal access to OI, STI and cancer care for both males and females and equipping health care workers with skills to address HPV and cervical dysplasia in women, an important element of HIV and AIDS care for HIV-infected women that is largely overlooked. Screening, messaging and referral on gender-based violence will also be integrated into the program.

ACTIVITY 3: Development of linkages between facilities and services

To improve overall program effectiveness and integrate elements of social care to the clinical care program (Activity #2 above), JHPIEGO will support and work with one district DOH in North West province to formalize referral systems and develop linkages between health facilities, and within health facilities (service -to-service) as well referral and counter-referral between the health system and social services as it relates to HIV-related palliative care services.

Activity Narrative: These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of palliative care services that were not previously provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7887

Related Activity: 13779, 13782, 13781, 13783, 21086, 21095, 21089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23178	7887.23178.09	U.S. Agency for International Development	JHPIEGO	9932	242.09	ACCESS	$679,633
7887	7887.07	U.S. Agency for International Development	JHPIEGO	4495	242.07	Capacity Building 1	$220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21086	21086.08	6605	242.08	ACCESS	JHPIEGO	$491,750
21095	21095.08	6605	242.08	ACCESS	JHPIEGO	$485,000
13781	2939.08	6605	242.08	ACCESS	JHPIEGO	$4,293,000
21089	21089.08	6605	242.08	ACCESS	JHPIEGO	$242,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	45	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

North-West

Eastern Cape

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4763.08
Mechanism: N/A
Prime Partner: Xstrata Coal SA & Re-Action!
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: 8257.08
Planned Funds: $1,348,000
Activity System ID: 13909

Activity Narrative: SUMMARY:

Xstrata received funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services in one district of Mpumalanga, extending into a second district during FY 2008. The project will build on a public-private mix (PPM) model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement in the province with funding from Xstrata (dollar for dollar match with PEPFAR).

Xstrata and RAC will work through established partnerships with local government, MPDOH, community groups and private providers. Project deliverables have been defined in response to specific requests for assistance from the MPDOH. Major emphasis will be given to development of health workforce capacity, with minor focus on community mobilization/participation, building linkages with other sectors, local organization capacity development and strategic information. The target populations are underserved communities of men, women and children, and people living with HIV and AIDS in Nkangala District, extending to a second district during FY 2008, where Xstrata Alloys has its operations.

BACKGROUND:

Xstrata Coal employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived Coal Powerbelt region of Mpumalanga, and has more than 10,000 employees with operations in three provinces of South Africa (Mpumalanga, Limpopo, and North West) and Swaziland. This funding partnership enables scaling up the community extension component of Xstrata's comprehensive workplace HIV and AIDS program that is managed by RAC. The project is based on implementing a PPM service-strengthening model of capacitating government providers within primary care clinic sites to deliver HIV-related preventive, clinical and psychosocial care services. FY 2008 funding will allow continued support to sites established in FY 2007and to expand the number of sites within two target districts. The scope of assistance is defined within a MOU between Xstrata and the MPDOH, and responds to specific requests for support by the provincial department's HIV and AIDS Unit, as well as the district management teams. This fits within a broader range of interlinked corporate social investments being made by Xstrata to support sustainable local development in these communities.

The project will provide technical assistance, health workforce capacity development, clinic infrastructure improvements, strengthening of pharmaceutical supply management systems and service monitoring for public sector primary care clinics to deliver quality HIV-related preventive and clinical care services. This will contribute to strengthening district-level primary health care service networks and district service management, with a strong focus on improving human resource capacity, including through training and deploying community outreach workers to deliver household-level services. The project works in partnership with other PEPFAR partners in the province to achieve synergies and avoid duplicating activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activity areas will be implemented to strengthen delivery of palliative and psychosocial care, HIV prevention, and TB services at government primary health care sites within two districts of Mpumalanga and to create strong linkages with community outreach services and home-based care. Service improvement plans will be implemented at each site based on specific service strengthening needs that are identified and agreed with District Management Teams and facility managers. This will result in more effective delivery of the essential package of HIV-related primary care interventions (including cotrimoxazole provision and integrated preventions services, including prevention with positives)integrated with Sexual and Reproductive Health services (including STI care, family planning, maternal health); Maternal, neonatal and child health services; and TB services to implement TB-HIV collaborative activities. Re-Action will also collaborate with the Foundation for Professional Development (FPD) in implementing services at Witbank Hospital.

ACTIVITY 1: Strengthening primary health care and district hospital delivery of HIV-related palliative and other clinical care services

A multi-skilled RAC Service Strengthening Team will undertake a detailed situation analyses (together with the district management team) within each target sub-district to identify specific service strengthening needs and prioritize sites for accreditation/down-referral. Service improvement plans will be developed to systematically address these needs. All available service providers at this level will be identified and supported to participate in delivering service tasks aligned with the national programs and coordinated through a 'public-private mix' delivery approach.

Services will be improved overall to both ensure that HIV-infected adults and children attending these sites have access to the essential package of HIV-related care and support interventions (including cotrimoxazole provision and integrated preventions services, including prevention with positives) integrated with Sexual and Reproductive Health services (including STI care, family planning, maternal health); Maternal, neonatal, child health services, and basic hygiene and sanitation. Prevention with positives and treatment services will be appropriately integrated into routine primary care services, so that service capacity is strengthened overall. Access to TB diagnosis and treatment will be improved at supported sites by implementing TB/HIV collaborative activities. Health worker training will be addressed through in-service training delivered in collaboration with other PEPFAR partners, based on National Program standards and integrated management approaches.

Technical assistance will be provided to improve public sector human resource management capacity so that health workers can be more effectively recruited to fill vacant positions at these sites. Where necessary, critical staff positions will be filled on a temporary basis (on agreement that these posts will be filled as soon as possible by permanent public sector employees). Site management capacity will be strengthened, including through leadership development activities. Strong linkages will be created between these first-level sites and second-level facilities for appropriate referral of patients and 'down-referral' of treatment, where necessary. Appropriate 'task-shifting' will be encouraged. Physical upgrades to clinic infrastructure will be undertaken through Xstrata co-investment and essential equipment will be procured. Health

Activity Narrative: information management systems and patient monitoring systems will be strengthened through in-service training, technical assistance and procurement of equipment where necessary.

ACTIVITY 2: Community mapping, mobilization, health promotion, treatment preparedness and support, referral to appropriate health and social services

Community outreach workers will be trained to provide basic household health risk assessments and health promotion under supportive supervision. A full time project coordinator will be dedicated to coordinating community initiatives. They will mobilize the community to access care services, including HIV testing and counseling (through the 'I know!' campaign developed by RAC) and will direct community nurses to deliver provider-initiated HIV testing and counseling within households. Individuals with social and health risks will be referred for appropriate services and follow-up will be arranged. This will result in risk mapping of all households within targeted communities and systematic follow-up, linking patients to facility-based HIV and related palliative services.

ACTIVITY 3: Community Support and Psychosocial Care

Linkages with community-based service organizations (including faith-based organizations and non-governmental organizations) will be strengthened and all providers will be encouraged to participate in delivering their service tasks in more coordinated ways through the 'public-private mix' approach (which RAC will support district management teams to oversee). Peer support groups for HIV-infected and affected individual and family members will be established at all sites and linkages to the community will be strengthened through Community Outreach Services to provide social and psychological support. Traditional healers will be engaged and trained in partnership with the MPDOH and supported to provide appropriate referrals to the clinic sites, to provide chronic care support and health promotion. Attention will be given to gender equity, increasing male involvement in the program, addressing stigma and discrimination.

PLHIV will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or OVC will be provided in at least two or the five categories of palliative care services.

With FY 2008 reprogramming funds, the community care program will be strengthened; PPM models initiated in 3 more provinces (Limpopo, North West and Northern Cape); and the up and down-referral of patients supported through technical assistance in a third district in Mpumalanga (Gert Sibanda).

Sustainability of this program is assured through the public-private partnership between Xstrata and the MPDOH. By providing support for palliative care in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals of providing care to 10 million people infected and affected by HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8257

Related Activity: 13910, 13911, 13753, 13684

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22729	8257.22729.09	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	9779	4763.09		$970,905
8257	8257.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13910	8258.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$832,000
13911	8260.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,320,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$448,000
Estimated local PPP contribution in dollars	$448,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2803.08

Mechanism: N/A

Prime Partner: Hope Worldwide South Africa

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: 3303.08

Planned Funds: $727,500

Activity System ID: 13961

Activity Narrative: SUMMARY:

Hope worldwide South Africa (HWSA) will continue activities to provide and strengthen comprehensive care and support of people living with HIV (PLHIV) and their families through community-based support groups and home-based care (HBC) programs. Activities will use a family-centered approach and HWSA will receive support from HPCA to strengthen clinical care services provided to its clients. The target populations are PLHIV and their families and the emphasis area is increasing women's access to income and productive resources, and human capacity development through in-service training.

BACKGROUND:

The activities described below are part of an ongoing Basic Care and Support program of HWSA, funded by PEPFAR since FY 2004. HWSA and their community partners will implement all activities. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

HWSA collaborates with over 52 local government clinics to provide care and support services. HWSA has established 52 support groups for PLHIV, most of which are integrated into the existing health care system. In FY 2006, HWSA provided 5520 clients and 734 family members with palliative care services. Through a sub-grant to the Soweto Hospice, HWSA has provided 609 home-based care (HBC) clients palliative care services through HBC visits. HWSA has three separate activities in this program area. A family-centered approach will be implemented to ensure that both clinical and supportive needs of HIV-infected adults, children and family members, including OVC, are addressed. Care and support field staff will work in tandem with OVC staff and volunteers. Both care and support and OVC activities at site level will be centralized and managed by the site coordinator.

ACTIVITY 1: Support Groups

The first activity is to provide and strengthen comprehensive care and support of PLHIV through community support groups. HWSA has reached over 6000 PLHIV through its 52 support groups to date. HWSA will continue to facilitate 52 support groups in disadvantaged communities covering 5 national sites located in the Gauteng province, Mthatha and Port Elizabeth in the Eastern Cape province, in Durban in KwaZulu-Natal and in Cape Town in the Western Cape.

PLHIV support groups operate primarily out of local health facilities. The integration into DOH facilities will help ensure government collaboration and facilitate access to appropriate clinical services for clients, including ARV services. At clinics that do not provide ARVs the clients will be referred to appropriate SAG hospitals or clinics. Facility staff will be trained to provide basic clinical services including screening for symptoms and pain management. In addition, HWSA will work closely with provincial government to collaborate and report on progress. New PLHIV referred to support groups will attend HWSA's basic HIV and AIDS education course 'Living with Hope' in which clients meet with facilitators weekly over a period of 10-weeks.The course will be revised and updated to strengthen topics such as prevention with positives, ARVs and adherence, and nutrition. Addressing prevention with HIV-infected individuals is an important part of a comprehensive care strategy. Through healthy living and reduction of risk behaviors, these prevention with positives interventions can substantially improve quality of life and reduce rates of HIV transmission. The course will be disseminated as a training resource to key stakeholders, allowing for the scale-up of community support groups. Selected PLHIV graduates of the course will be invited to assist with facilitation of support groups as well as the course.

ACTIVITY 2: Home-based care services

The second activity is providing HBC for PLHIV. HWSA at all its sites will provide a range of HBC services to clients, including psychosocial support, nutritional support, spiritual support, referrals, clinical support and integrated prevention services. Levels of clinical support include screening for pain and symptoms, screening for STIs and OIs with appropriate referral including referral for cotrimoxazole. HWSA will work closely with government HBC efforts for necessary referrals and follow up.

Ongoing psychosocial and spiritual support will be offered to all clients and their family members with a special focus on elderly female caregivers. Through wraparound programming, non-USG funded food parcels sourced from partners such as Tiger Brands and supermarket outlets will be provided to needy clients identified by staff and volunteers.

Income generation activities, supported by organizations such as Golden Cloud/Tiger brands, will support livelihood strengthening and job creation. These activities will principally target HIV-infected and affected women. Human capacity development at community level will be strengthened through training PLHIV in facilitation of support groups, peer education, ART, facilitation skills and counseling. As a result, trained PLHIV will facilitate support groups and other services to members. This will promote GIPA (Greater Involvement of People Living with HIV and AIDS).

Home-based care sites will be strengthened with Nursing staff in all the sites. Nurses will then train staff, volunteers and caregivers on pain, screening and basic symptoms management. HWSA will also collaborate with hospices that are not PEPFAR funded to ensure greater reach, especially with clinical services

Home-based carers will be trained by SAG-approved service providers in the government HBC training program. The HBC program will continue to collaborate with a host of community partnerships in Hospices and other HBC and community support organizations.

Ongoing training of staff on nutrition will be conducted by partners such as AED and Nestle. AED will also train HWSA staff to conduct nutritional assessments of their clients and educate caregivers and their clients on good nutrition and hygiene practices.

All HIV-infected individuals will receive at least one clinical service and one other category of palliative care

Activity Narrative: services. All family members of HIV-infected individuals and OVC will receive palliative care from at least two of the five categories of service.

ACTIVITY 3: Providing care for caregivers

HWSA will train and educate caregivers on new developments in relation to HIV and AIDS. HWSA will facilitate workshops, in partnership with HWSA's prevention program. HWSA will also strengthen referrals to organizations providing debriefing sessions of caregivers. This activity will be facilitated through camps and /or one-on-one counseling. Using non-PEPFAR funding, HWSA will also help to set up and strengthen Income Generating Activities such as food gardening and sewing.

Through these activities, HWSA contributes to the PEPFAR goal of providing care to 10 million HIV-infected and affected individuals. These activities also support the PEPFAR vision in South Africa as outlined in the Five-Year Strategy by expanding local communities' capacity to deliver quality care for PLHIV in their communities. In addition, HWSA will increase PLHIV access to government support systems and strengthen linkages and referral systems with other social services such as Health and Social Development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7608

Related Activity: 13966, 13959, 13960, 13967, 13962, 13963, 14253, 13848, 13798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23152	3303.23152.09	U.S. Agency for International Development	Hope Worldwide South Africa	9925	2803.09		$572,130
7608	3303.07	U.S. Agency for International Development	Hope Worldwide South Africa	4485	2803.07		$750,000
3303	3303.06	U.S. Agency for International Development	Hope Worldwide South Africa	2803	2803.06		$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13848	8263.08	6632	4762.08		Ubuntu Education Fund	$75,000
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$4,284,540

Public Private Partnership

Estimated local PPP contribution in dollars	$173,550

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets/programs providing general HIV-related palliative care	N/A	True
Indirect number of individuals provided with general HIV-related palliative care	N/A	True
Indirect number of individuals trained to provide general HIV-related palliative care	N/A	True
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area: $33,721,701

Estimated PEPFAR contribution in dollars	$733,500
Estimated local PPP contribution in dollars	$1,114,769
Estimated PEPFAR dollars spent on food	$22,453
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

The scale of TB epidemic in South Africa (SA) is staggering. SA has one of the highest estimated TB rates in the world, ranking 7th among high burden countries. According to the 2006 National TB Control Program (NTCP) data, there were more than 266,000 reported cases of TB, at a rate of 669 per 100,000 population. The real prevalence is unknown but is estimated to be much higher. 58% of TB patients in SA are co-infected with HIV. The NTCP results for 2005 show little progress in treatment outcomes: the cure rate for new smear positive cases was 56.3% and the overall successful completion rate was 69.5%. Rates of default from treatment were still high at 9.9%. Drug-resistant cases, especially those diagnosed with the extensively drug-resistant (XDR) strain, continue to create many challenges for the National (NDOH) and provincial Departments of Health (PDOH). To date, over 300 XDR cases have been diagnosed during 2006 and the first 4 months of 2007 in seven provinces, which exclude KwaZulu-Natal and Mpumalanga.

South African Government (SAG) investment in TB control is significant; however, due to decentralized funding channeled

through provincial treasuries, the NTCP is unable to quantify the amount of resources committed to TB control. SA adopted the WHO DOTS Strategy in 1996 and most districts have now implemented the core DOTS components. In 2006 the SAG developed the TB Crisis Plan which focuses on social mobilization and multi-sectoral engagement, and initially targets three provinces and four districts with high caseloads and unsatisfactory performance. In 2007, the NDOH created a separate directorate for the NTCP and is finalizing a 5-year strategic plan. Additionally, in acknowledgement of the burden of TB/HIV, the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) espouses the integration of TB and HIV services as essential to ensuring that co -infected patients receive appropriate care and treatment.

Key constraints to effective TB/HIV collaboration are linked to both broad institutional factors as well as SAG-specific policy. These include: 1. Human resource constraints at district and facility levels and within laboratory services; 2. Program approaches and cultures of TB and HIV programs inhibiting effective collaboration; 3. TB services provided at the primary health care level and HIV and AIDS care services are usually hospital-based; 4. Threat of multidrug-resistant TB (MDR-TB), extensively drug-resistant TB (XDR-TB), with evidence of facility and community transmission; and 5. The MDR-HIV interaction threat in the context of large-scale HIV care and treatment programs.

USG efforts in mitigating the impact of TB/HIV are consistent with the National Department of Health (NDOH) and WHO TB/HIV guidelines, which highlight the need for integrated programming, decreasing the burden of TB among people living with HIV (PLHIV) and decreasing the burden of HIV among TB patients. USG efforts bolster the SAG capacity to address challenges related to TB/HIV coordination. USG partners work in all provinces to strengthen mechanisms of collaboration and ensuring implementation of NDOH guidelines. USG is providing extensive support to TB control programs in the crisis areas and has recently implemented a strong public-private partnership to fight the scourge of TB. To ensure sustainability, USG works closely with NDOH at all levels to develop policies and tools and build the capacity of service providers. Training of trainers and on-the-job training is also implemented. Because of staff rotation at the service provider level, USG has embarked on training all service providers to ensure skill retention.

PEPFAR supports ongoing and new efforts to increase access to HIV services (including routine counseling and testing, HIV care, wellness and ART) among TB patients. Addressing infection control has become an important priority for PEPFAR partners. Efforts to support infection control activities include training, policy development, implementation of assessments, and equipment purchase. TB/HIV and MDR surveillance efforts include enhancements in the electronic TB register (ETR.Net) software to include the ability to measure TB treatment outcomes by HIV status. TB/HIV and MDR data collection tools were revised and it is hoped that the new tools will help reduce barriers to more widespread TB/HIV and MDR surveillance. Partners continue to support TB screening among clients of HIV services.

Ongoing activities also aim to provide additional technical and financial resources for provincial and district health management teams to increase the effectiveness of referral networks between TB and HIV services and to improve the mechanisms of TB and HIV program collaboration. HIV-infected persons are referred to other facilities to receive TB treatment before initation on ART. Routine M&E systems in HIV clinics to monitor TB treatment are weak and partners struggle to provide information on TB treatment for HIV-infected individuals. Partners are working to strengthen M&E systems to track this information.

The USG continues to support the development of a National TB Reference Lab as a key activity aimed at improving diagnosis of TB among PLHIV. Additional laboratory activities will focus on quality assurance, expansion of TB culture and drug susceptibility testing, and supporting improvements in information systems (increase timeliness of laboratory reporting) and testing technology. Public-private partnerships will continue to expand access to TB/HIV services, including cotrimoxazole preventive therapy, expansion of access to ART and, on a limited basis, isoniazid preventive therapy among PLHIV. Emerging concerns about the interaction between TB, HIV and drug resistance came to the forefront in 2006. Efforts to better understand the extent of these threats and to control them have already begun and will be accelerated through 2008. USG is also supporting several public health evaluations to identify improved methods to diagnose TB in HIV co-infected patients, enhance screening for TB in HIV CT and care settings, and improve referral networks between HIV and TB services.

The PEPFAR TB/HIV program is complemented by USAID Operational Plan (OP) TB support. The activities supported include enhancing partnership with the NTCP to build national support by mobilizing resources and creating a conducive environment for expansion of TB services; and with provincial and district health departments as well as communities to create appropriate social mobilization and service delivery models for rapid DOTS expansion in the country; identifying strategic interventions to address challenges from increasing TB/HIV and MDR/XDR threats; supporting several districts identified for service improvement under the SA TB Crisis program; implementing facility-based and community-based TB and HIV/AIDS interventions; and building capacity of service providers to manage TB programs and to review the program to identify gaps and make recommendations for improvement.

In 2007, a brief review of PEPFAR TB/HIV partners indicated that while many partners were implementing TB/HIV activities, there existed a lack of uniform implementation of the DOTS strategy and efforts to ensure co-management of TB and HIV. Several partners noted they did not have standardized operational guidelines for TB/HIV integration or infection control guidelines. Through this effort, PEPFAR partners identified five overarching priorities: 1) expansion of integrated TB/HIV services; 2) continued provision of integrated TB/HIV training to all staff; 3) strengthening the relationship between organizations and NDOH; 4) ensuring availability of protocols and policies at all services; and 5) improving diagnostic, counseling and referral services.

The SA USG TB/HIV team continues to liaise with international donors to ensure collaboration and coordination of activities. While there are many international donors in SA, the key donors who have indicated support for TB/HIV activities are:

1. Belgian Technical Corporation– infrastructure and personnel support for expansion of TB/HIV integration at the NDOH and PDOH levels;
2. UK Department for International Development – training in KwaZulu-Natal;
3. Italian Institute of Health– epidemiology support to KZN;
4. Italian Cooperation – support to the NDOH;
5. Japanese International Cooperation Agency– laboratory strengthening; and

6. Bill and Melinda Gates Foundation - community-based trials of new strategies to combat TB in high HIV prevalence settings.

Through liaison efforts with these donors, data indicates that other donors are focusing their efforts in some areas similar to USG efforts. In 2008, USG plans to increase coordination efforts with other donors to reduce duplication of effort.

To maximize resources and avoid duplication, information obtained from donors along with current PEPFAR TB/HIV and USAID OP TB activities will help inform the SA USG TB/HIV team's efforts to develop a country-specific strategic plan in collaboration with NDOH by January 2008. The plan will be driven by the SAG NTCP and NSP, as well as the OGAC and WHO TB/HIV guidelines. This plan will inform future COP planning and inter-agency planning with USAID TB resources, and establish networking mechanisms among partners to support sharing of best practices for TB/HIV integration.

TB/HIV programming will continue to receive priority attention in FY 2008. Since FY 2006 the USG effort to address TB/HIV services has been expanded. In FY 2007, over $30 million was invested in TB/HIV-related activities, approximately 5% of the country USG PEPFAR budget. In keeping with OGAC guidance to expand TB/HIV programming, close to $33,000,000 is requested in FY 2008 by close to 30 partners of which a majority are SA-based. Complimentary funding from USAID TB funds are expected to continue at $3,000,000 per year.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1652
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	93244
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	16467
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	101759

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1201.08	**Mechanism:**	QAP
Prime Partner:	University Research Corporation, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3110.08	**Planned Funds:**	$751,750
Activity System ID:	13873		

Activity Narrative: SUMMARY:

University Research Co., LLC / Quality Assurance Project (URC/QAP) will work with the Department of Health (DOH) through training, mentoring and introduction of quality assurance (QA) tools/approaches to improve the quality of services for Tuberculosis/HIV (TB/HIV) for co-infected patients in 100 DOH health facilities in 5 provinces. The essential elements of Quality Assurance support include strategies to improve technical compliance with evidence-based norms and standards as well as improving interpersonal communication and counseling and increasing organizational efficiency. The major emphasis area for this activity is quality assurance/supportive supervision with minor emphasis on development of network/linkages/referral systems, training and needs assessment. The activity targets public health workers, NGOs and community leaders, program managers, volunteers and people living with HIV (PLHIV).

BACKGROUND:

Since 2001, URC/QAP has worked with the DOH to improve the quality of TB services. A number of challenges continue to hamper the TB/HIV program, including provider knowledge and skills about TB, poor access to laboratories and poor supervision and follow-up of patients on treatment. The rising TB burden in South Africa (SA) as well as the emerging XDR epidemic is further complicating treatment of TB/HIV co-infected patients. The large pool of TB/HIV co-infected patients necessitates the development of creative strategies to address TB/HIV as a single entity and develop suitable service delivery models. URC/QAP will assist 100 health facilities in 5 provinces to improve screening, referral, treatment, and follow-up of PLHIV to identify those co-infected with TB in line with NDOH standards and guidelines. URC/QAP will assist facilities offering HIV services to better integrate TB screening and treatment services into their programs. URC/QAP will also provide small grants to selected local community-based organizations/home-based organizations (CBOs/HBOs) to integrate TB screening, referral and follow-up into their home-based care programs for PLHIV.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Facility-Level Quality Improvement Teams

URC/QAP will work with each facility to identify core teams representing TB and HIV service providers as well as other staff. These teams, with support from URC/QAP coordinators and district staff, will be responsible for implementing facility plans for improving access to TB screening, treatment and follow-up among PLHIV. Each facility team along with URC/QAP staff will conduct rapid ongoing assessments to identify and address quality gaps in current services for screening, treating and following up of PLHIV for TB. URC/QAP will assist the facility teams in the 5 provinces to increase HIV counseling and testing (CT) for TB patients, utilizing various models for CT, including provider-initiated CT with opt-out option. URC/QAP will assist teams in developing a strategic plan for improving access to quality TB services for PLHIV at all levels, including provision of cotrimoxazole prophylaxis for co-infected TB/HIV patients. URC/QAP will facilitate linkages to ARV treatment for eligible clients by training facility staff on the NDOH National guidelines; and training facility staff in QA methods specific to TB and HIV; designing with facility staff referral improvement plans, including strengthening networks with CBOs/HBOs to improve referral patterns. URC/QAP is already in the process of developing a continuum of care model to ensure cross referral, with improved case finding/case detection rates, and continuity of care, with improved follow up and DOT support for all TB/HIV co-infected patients. Emphasis will also be placed on DOTS support/treatment adherence to prevent multidrug-resistant TB among PLHIV. At the national level, URC/QAP will continue assisting the South Africa National Tuberculosis Control Program (NTCP) in the implementation of the NDOH guidelines for management of HIV-infected TB patients and will utilize this data to support and advance the concept of best practice TB/HIV models of care.

ACTIVITY 2: Training

URC/QAP will train health care providers to screen all HIV-infected clients for symptoms of active TB and support referral of all TB suspects for diagnosis and treatment. It is expected that this will lead to the development of a model protocol which will then be shared with other PEPFAR partners. In collaboration with facility staff, URC/QAP will support "fast-tracking" of clients with TB symptoms for appropriate diagnostic tests to assure timely treatment and to reduce the risk of nosocomial transmission to susceptible PLHIV. URC/QAP will also work with facility staff on the development of a "retrieval" or back-referral system to assure that TB patients continue to access HIV-care within facilities and CBOs/HBOs.

ACTIVITY 3: Human Capacity Development

URC/QAP will provide job-aids such as wall charts to improve compliance with national TB guidelines. URC/QAP will work with CBOs/HBOs to develop strategies for providing TB screening, referrals and DOT support as part of their home-based programs. URC/QAP will train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. On a monthly basis staff will use trend lines to see if the interventions are having the desired results of increasing identification of co-infected patients. URC/QAP will visit each facility/CBO/HBO at least twice a month to provide onsite mentoring to staff. This will focus on improving skills of staff in TB screening/treatment as well as ensuring that improvement plans are being implemented correctly. During these visits URC/QAP will review program performance data.

ACTIVITY 4: Building Sustainability

URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of TB/HIV coordinated activities at facility and community-levels. To address the short-and long-term human resource needs to manage the enormous burden of HIV-infected TB patients, URC/QAP will work with CBOs/HBOs and health care facilities to provide DOT supporters in order to improve follow-up of co-infected patients as well as provide home-based care for these patients. URC/QAP will also conduct quarterly assessments in each facility/CBO/FBO to assess whether staff is in compliance with national guidelines.

ACTIVITY 5: Infection Prevention and Control

Activity Narrative: URC/QAP sees itself as an integral part of the network of IC delivery, as quality initiatives span a wide range of health systems and processes. This is important to reduce the incidence of nosocomial infections in both in- and out-patient settings. URC/QAP is part of the National Committee of infection prevention and control and will work in partnership with the TASC II TB project and other partners to support the NTP to finalize the development of infection control guidelines for TB program. URC/QAP will provide training and support to QAP-supported facilities in 5 provinces to strengthen infection prevention and control on the implementation of the national policy and guidelines. In addition URC/QAP will be involved in the development and dissemination of information and education materials for TB infection control in work settings for health care workers. In addition, URC/QAP staff will be involved in the dissemination and implementation of the TB/HIV infection control policy guidelines within all facilities and home-based and faith-based organizations supported by URC/QAP.

URC/QAP will assist PEPFAR in reaching the vision outlined in the USG Five-Year Strategy for South Africa by facilitating the expansion of HIV CT to high risk groups (TB patients) and increasing recognition of TB in PLHIV. URC/QAP work contributes to the PEPFAR goal of providing care to 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7430

Related Activity: 13871, 13872, 13874, 13875, 13876

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23890	3110.23890.09	U.S. Agency for International Development	University Research Corporation, LLC	10307	1201.09	HCI	$656,890
7430	3110.07	U.S. Agency for International Development	University Research Corporation, LLC	4415	1201.07	QAP	$775,000
3110	3110.06	U.S. Agency for International Development	University Research Corporation, LLC	2713	1201.06		$385,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13871	3111.08	6639	1201.08	QAP	University Research Corporation, LLC	$485,000
13872	3109.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,000,000
13874	3114.08	6639	1201.08	QAP	University Research Corporation, LLC	$446,200
13875	3108.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,463,800
13876	13876.08	6639	1201.08	QAP	University Research Corporation, LLC	$727,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	100	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	9,400	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	800	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1212.08 **Mechanism:** TB - TASC

Prime Partner: University Research Corporation, LLC **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3112.08

Activity System ID: 13870

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: $5,407,750

Activity Narrative:

SUMMARY:
TASC II TB Project (TASC II TB), managed by University Research Co., LLC, works with all levels of Department of Health (DOH) to increase screening, referral, treatment, and follow-up of TB and TB/HIV co-infected patients. Activities are designed to improve TB/HIV coordinated activities at program management and service delivery levels. TASC II TB provides support in development of operational policies and capacity development in laboratory, clinical skills, and community outreach. At service delivery level, emphasis is on integrating TB screening at HIV testing sites and vice versa as well as ensuring that TB/HIV co-infected patients are put on appropriate treatment regimens as well as referred for ARV treatment and follow-up services. Limited support is provided to community and home-based care groups to increase awareness of TB/HIV coinfections and need for early screening and follow-up. Emphasis is on human capacity development.

BACKGROUND:
This is an ongoing activity and is part of a larger USAID-funded TB project started in September 2004, with TB/HIV activities funded by PEPFAR. TASC II TB is currently working at all levels of DOH in 5 provinces to improve coordination of TB and HIV strategic and operational planning to integrate TB and HIV services into primary health care; strengthen laboratory services to support comprehensive TB and HIV diagnosis and care; develop new approaches to improve collaboration between TB and HIV programs; and improve coordination between public and private sector to respond to the dual epidemic. TB/HIV strategy is implemented using a collaborative approach to rapidly scale-up integrated TB/HIV services in targeted provinces. Focus is on increasing access to counseling and testing (CT) for TB patients and early referral for ARV therapy, and improve TB detection in HIV-infected people. TASC II TB will work closely with PEPFAR partners involved in palliative care including basic health services for people living with HIV and AIDS (PLHIV). The project will assist partners in integrating TB case management in basic health packages for PLHIV. TASC II TB will also work with USAID partners providing services to children to integrate TB and TB/HIV care algorithms in pediatric and well-baby care for HIV-infected infants and children. This will include working with Medical Care Development International (MCDI), Integrated Primary Health Care (IPHC), and other partners providing care and support for orphans and vulnerable children (OVC).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Policy Development and Systems Strengthening
TASC II TB will continue working with National TB Program (NTP) and HIV and AIDS Unit at national and provincial levels in developing and refining operational policies on TB/HIV coordinated activities. This includes policies on treatment of co-infected patients. By providing on-going training and mentoring support, TASC II TB will assist health facilities and health care workers to improve compliance with national guidelines and protocols for screening, treatment and follow-up of TB/HIV co-infected patients. A cadre of Master Trainers will be developed in each province to improve knowledge and skills of healthcare workers. Managers and service providers will be trained to improve knowledge and skills in TB/HIV management and service delivery issues; strengthen capacity of private providers and medical schemes to better manage co-infected patients by ensuring that TB services are included as part of a comprehensive package of services; improve HIV services in TB facilities by promoting provider-initiated CT, and appropriate staging and referral of HIV-infected individuals. This will also ensure expansion of CT uptake among TB patients Referral systems will be strengthened at district level between health and social services. Private practitioners will be trained on MDR-TB and TB/HIV management. Systems will be put in place to ensure prompt diagnosis and appropriate treatment. Links will also be developed between private practitioners and district TB coordinators to ensure proper monitoring and reporting of TB/HIV co-infected patients. Funds will also be used to ensure correct implementation of MDR/TB recording and reporting tools in all MDR-TB units in the country. This will include training of healthcare workers and information officers on tools, and printing and dissemination of these tools. TASC II TB will assist facilities and districts in reviewing performance data to ensure all TB and HIV patients are screened for coinfections and co-infected patients are provided with appropriate treatment and referrals.

ACTIVITY 2: Reduce Stigma and Discrimination
TASC II TB will support grassroots advocacy through CBOs/FBOs to counter stigma and promote a supportive environment for people with TB and HIV by implementing community-based awareness campaigns. The project will promote early diagnosis of TB among PLHIV by promoting routine TB screening of HIV-infected patients and CT among TB patients. Small grants will be provided to local FBOs and CBOs to integrate TB and HIV activities and provide nutritional support to individuals to encourage treatment adherence, and also allow organizations to undertake advocacy and public education to create awareness of TB/HIV dual infections and need for early screening. Home-based care groups will be funded to provide adherence support to co-infected patients on TB and ARV drugs. Advocacy materials will be developed. The project will fund local CBOs/NGOs for placing HIV counselors in all MDR-TB units to promote HIV testing of all hospitalized TB patients. In addition, the project will also work with sessional doctors to stage and manage co-infected patients and fast track access to ART for TB patients.

ACTIVITY 3: Strengthen Laboratory Services
The project will work with NTP and National Health Laboratory Services (NHLS) at service delivery level to improve availability and quality of laboratory services critical for identifying TB among HIV-infected individuals. Specific activities will include: 1) enhancing skills of laboratory staff in preparing and reading smears; 2) placement of a laboratory quality assurance system to improve sensitivity and specificity of sputum checking; and 3) development of a simple laboratory information system, linked with the electronic TB Register (ETR) to track turn-around-time of specimens sent to laboratory. Working with NTP, NHLS, World Health Organization (WHO) and Medical Research Council (MRC), laboratory TB policies and guidelines will be updated to be in line with international standards and the STOP TB strategy. The project will work with other partners to train districts and facilities on MDR-TB surveillance data collection and reporting.

ACTIVITY 4: Monitoring and Surveillance
The project will work with NDOH to strengthen recording and reporting systems for TB and HIV by training healthcare workers in implementation of revised TB and HIV registers, data collection and analysis, and on-going problem solving functions. TB TASC will strengthen capacity of provincial, district and local service area (LSA) health offices to establish functional HIV and AIDS, STI and TB (HAST) committees in order to strengthen monitoring, supervision, and surveillance of TB and HIV by using an approach of continuous

Activity Narrative: feedback and mentoring of service providers. The project will also work with National DOH to strengthen and improve TB and HIV monitoring through use of ETR. TASC II TB will work with DOH to monitor TB and HIV programs as well as cross-referrals for TB/HIV and ARV treatment. Technical support will be provided to health facilities and CBOs and FBOs in integrating TB and HIV with other health services to reduce missed opportunities and improve continuum of care by promoting routine CT to TB patients and routine TB screening for HIV people including pregnant women

ACTIVITY 5: Strengthen implementation of TB/HIV infection control policies and guidelines
TASC II TB will work with WHO and NTP to finalize the development of infection control guidelines for TB program. This will be followed by training of primary health care managers and service personnel including doctors, nurses and allied health workers on the implementation of the national policy and guidelines. Information and education materials for TB infection control in work settings will be developed for health care workers.

ACTIVITY 6: Strengthen surveillance of MDR/XDR-TB
TASC II TB will work with NTP as well as local universities to improve and expand surveillance of MDR/XDR-TB in the country. Assistance will be provided to design a simple framework to collect and analyze data on MDR/XDR patients in each province. In addition, mechanisms will be developed and implemented for contact tracing of MDR patients to minimize risk of nosocomial transmission. Close contacts of MDR/XDR-TB patients will be put under close surveillance and appropriate prophylactic treatment if needed.

ACTIVITY 7: Promote Linkages with Palliative Care
TASC II TB will work with PEPFAR partners responsible for delivery of basic health care for PLHIV to integrate TB screening, diagnosis, treatment and follow-up as part of their routine care and management of HIV clients. PEPFAR partners will be helped to ensure all HIV infected clients are regularly screened for TB and those with bacilli are put on TB treatment; and also in management of TB/HIV patients. TASC II TB will provide training and follow-up support to these partners.

ACTIVITY 8: Strengthen TB and TB/HIV services for pediatrics
TASC II TB will work with USG partners working on child health issues to improve quality of services. Partners will be trained in management of pediatric TB including suspecting and referring for TB diagnosis. Key partners may include groups receiving USAID funds as well as other PEPFAR partners tasked with OVC care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7626

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22671	3112.22671.09	U.S. Agency for International Development	University Research Corporation, LLC	9754	1212.09	TB - TASC	$4,462,849
7626	3112.07	U.S. Agency for International Development	University Research Corporation, LLC	4492	1212.07	TB - TASC	$5,575,000
3112	3112.06	U.S. Agency for International Development	University Research Corporation, LLC	2714	1212.06	TB - TASC	$1,700,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	500	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	30,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2808.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12464.08

Planned Funds: $679,000

Activity System ID: 13867

Activity Narrative: SUMMARY:

The International Training and Education Center on HIV (I-TECH) FY 2008 COP activities will be expanded to include technical assistance (TA) activities to enhance the Mpumalanga Department of Health (DOH) RTC's organizational and human capacity to train Mpumalanga health care workers (HCW with the primary target audience being doctors and nurses) on the care and treatment of concomitant HIV and TB and thereby increase access to quality concomitant TB/HIV care and treatment in the province. Funds will be used to support the technical (e.g., the development/modification of TB/HIV curricula in accordance with national guidelines; curricula accreditation) and human capacity development of the Mpumalanga DOH RTC (MRTC) to train Mpumalanga HCW on HIV/AIDS, tuberculosis (TB) and sexually transmitted infections (STIs) care and treatment. The primary emphasis area for these activities is local organization capacity building to affect the care and treatment of patients with HIV and TB. Human capacity development and strategic information are secondary emphasis areas. The primary target organization is a host country provincial government organization and its medical teams comprised of doctors and nurses.

BACKGROUND:

I-TECH has been supported by PEPFAR for the past five years to work in the Eastern Cape province, with the invitation and support of the South Africa (SA) National DOH and EC DOH, to develop the organizational and human capacity of the EC RTC to train/mentor clinicians in the care and treatment of HIV, AIDS, TB and STI. Organizational TA to the EC RTC included strategic planning, infrastructure development, human resource development and management, small grant or proposal development, the development of memoranda of understanding, financial management, marketing, health management information systems, and disseminating best practices to improve program efficiency and effectiveness. These activities will be extended to Mpumalanga province in FY 2008 and implemented by the primary partner. Human capacity development of the EC RTC included the longitudinal mentoring of its clinical teams by experienced I-TECH HIV specialists and infectious disease clinicians on the care and treatment of HIV/AIDS/TB/STI and the art of effectively mentoring others. These clinical human capacity development activities will be extended to the MRTC in FY 2008 and will be implemented by I-TECH's sub-contractor, the University of California at San Diego (UCSD) Owen Clinic.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Building, In-country Mentoring of the Mpumalanga Regional Training Centre (MRTC) Clinical Team

This activity expands I-TECH's in-country mentoring program to Mpumalanga. FY 2008 funds will be used to mentor MRTC clinical staff to develop their mentoring skills as well as their clinical skills in the treatment of concomitant TB/HIV patients, complex case management, rapidly emerging treatment complications, and evidence-based clinical decision-making. Six I-TECH UCSD mentors will individually accompany MRTC medical team members as they travel to sites in the province to provide onsite mentoring to Mpumalanga clinicians while seeing together up to 50 patients per week. Mentoring will also include technical assistance centered on systems strengthening provided to MRTC RTC sites/feeder clinics. FY 2008 PEPFAR funds will support UCSD Owen Clinic administrative staff time, and the salaries, travel, lodging and expenses for six infectious disease or HIV specialists to travel to Mpumalanga during FY 2007 for one month stays.

ACTIVITY 2: Program Sustainability: In-country Mentoring of the Mpumalanga Regional Training Centre (MRTC) Clinical Team to Develop and Update Curricula

FY 2007 PEPFAR funds supported a needs assessment of the Mpumalanga HCW TB/HIV training needs. In 2008, the results will be utilized to assist the MRTC to develop/modify and accredit its TB and HIV training courses for health care providers, and develop training plans. In addition, I-TECH will respond to other training needs of the MRTC HCW based on the results of the needs assessment, such as TB/HIV/STI curricula revision and update. Training will be provided through a high-level training specialist who will mentor MRTC staff to update curricula according to provincial and national guidelines. This transfer of skills activity will include developing and strengthening monitoring and evaluation of training programs in this region. FY 2008 funds will be used to support the salary, travel and lodging cost of a training technical expert. Contingent upon the availability of FY 2008 funds and depending on the training needs of MRTC HCW, additional training will be provided through sponsorship at national or international training summits, study tours, or other preceptorships.

ACTIVITY 3: Human Capacity Building: Distance-based ongoing clinical consultation

This activity was first funded for the Eastern Cape RTC by PEPFAR in FY 2005. During UCSD/RTC trainings, EC clinicians are encouraged to contact the RTC team for clinical consultation as needed, who then forward the query and response to the UCSD Owen Clinical mentors for additional guidance before delivering their consultative advice. In FY 2008, PEPFAR funds will be used to expand this activity to the Mpumalanga RTC HCW. Funds will support UCSD consultants' time (a portion of salaries) related to the time spent fielding consultations; estimated at five consults per week.

These activities contribute to the overall PEPFAR 2-7-10 goals and to program sustainability by improving the organizational and human capacity of the MRTC to effectively treat affected patients and mentor other HCW on the care and treatment of concomitant TB/HIV care and treatment, thereby increasing both access to and the quality of TB/HIV care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12464

Related Activity: 13868, 13869, 14051

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22681	12464.22681.09	HHS/Health Resources Services Administration	University of Washington	9761	2808.09	I-TECH	$593,320
12464	12464.07	HHS/Health Resources Services Administration	University of Washington	4439	2808.07	University of Washington/I-TECH	$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
13868	3334.08	6637	2808.08	I-TECH	University of Washington	$2,455,000
13869	3335.08	6637	2808.08	I-TECH	University of Washington	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	2,500	False
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	24	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Through mentoring and training in sites in the Eastern Cape and Mpumalanga, an estimated 2500 HIV-infected people will be indirectly supported for TB treatment.

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4746.08
Mechanism: Desmond Tutu TB Centre
Prime Partner: University of Stellenbosch, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8183.08
Planned Funds: $1,594,500
Activity System ID: 13864

Activity Narrative: SUMMARY:

The Desmond Tutu TB Center has developed a project focused on improving the integration of TB and HIV services by expanding access to HIV-related services to large numbers of TB clients in the Western Cape (WC) and intensifying case finding for TB among HIV-infected clients. The major emphasis area is human capacity development through training of staff and managers, development of networks, linkages and appropriate referral systems. The target populations include policy makers, program managers and the general population with specific focus on HIV-infected and TB-infected and diseased adults and children. The project addresses the dual challenges of reducing HIV transmission in communities and minimizing the impact of HIV on individuals and of reducing the TB burden by increasing case-finding and ensuring appropriate TB care.

BACKGROUND:

The extremely high TB rates in the Western Cape, and the increasing prevalence of HIV have led to the health system being put under extreme pressure resulting in a failure to cope with the dual epidemics. Therefore it is necessary to develop effective and feasible strategies that can be adopted by health services to increase access to services and improve the quality of care for people with HIV and TB. This project, implemented in existing government health services, aims to complement, enhance and support these services. It is nested in six Western Cape communities that form part of the Zamstar project (part of the CREATE consortium funded by the Bill and Melinda Gates Foundation through a grant to the Johns Hopkins University) that works to reduce the prevalence of TB by improving integration of HIV and TB services. This project has already established community advisory boards and stakeholder support. The PEPFAR funded project links with the Zamstar project by implementing complementary activities focused on HIV and TB such as routine screening for TB at CT, improved access to TB and HIV care, improved quality of services and collaboration between HIV and TB services at facility level. The project scope has been revised from that submitted in COP07 to address evolving community and health service needs. All activities of the Desmond Tutu TB Centre, including the present project, are implemented in close collaboration with the Western Cape Department of Health, Cape Town City Health Department and non-governmental organizations (NGOs).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Routine Screening for TB through CT services

Symptomatic screening for TB during CT is current policy. If clients are symptomatic, they are sent to the nurse for investigation. There is no routine data at present to show whether symptomatic clients had sputum samples taken, whether a TB diagnosis was made and TB treatment commenced. An operational evaluation of routine data has been undertaken to assess the efficacy of TB screening at CT as a possible means of increasing TB case-finding. This evaluation has shown that symptomatic screening does take place at CT but that gaps exist in the follow up, particularly with clients having the appropriate sputa taken. Based on the outcome of the evaluation, appropriate training for lay-counselors is being undertaken to help improve the quality of counseling provided to TB and HIV clients at health facilities throughout the City of Cape Town and West Coast-Winelands Districts. Systems will be strengthened to facilitate sputum testing for symptomatic clients identified at VCT. These systems will be implemented at the routine CT centers in clinics and in the 6 PEPFAR-funded Community Flexi-Hour CT Sites. The Audit Tool for evaluation of TB and HIV services will be used to assess whether clients had a symptomatic screen at CT and if symptomatic, whether the appropriate TB tests were done.

ACTIVITY 2: Improve TB/HIV Services at Facility Level

This activity focuses on improving health services and care of people infected and affected with HIV and TB by providing in-service training and ensuring the implementation of current guidelines. For TB clients: that all are offered CT; that those who test positive undergo a baseline evaluation, including WHO staging, CD4 counts, PAP, RPR; that cotrimoxazole prophylaxis, management of concurrent opportunistic infections and referral for antiretrovirals are provided as required. For all HIV-infected clients: In addition to being provided this package of care, that all clients are screened for TB at every clinical visit, including the use of sputum culture in symptomatic clients who are smear negative. In 2008 particular attention will be paid to HIV testing among children with TB and appropriate HIV care for those who are positive. TB services for persons living with HIV and HIV services for TB clients are enhanced and monitored through a system of quality assessment and improvement. The project uses an audit tool that has been developed by the Cape Town City Health Department, Provincial Department of Health and the University of the Western Cape, thus ensuring skills transfer and sustainability. This tool uses the "Conditions for Effectiveness" framework to evaluate availability, capacity, access, initial use of services, continuity of care, quality and impact of TB, HIV and STI services. The tool uses regular audit of clinical folders to identify whether the package of TB and HIV services have been appropriately provided to clients. In-service training and on-site supervision will be used to improve the delivery of these services. Project staff work closely with the health authorities to improve the data management system used to evaluate TB services to those with HIV, and HIV services to those with TB. Project staff advocate for improved monitoring of HIV services to TB clients through the electronic TB register. The skills of facility managers and staff will be developed to improve their ability to evaluate routine data and information from the audit. Staff will be taught a participative planning process to help improve collaboration between the services and to use the data to drive quality improvements in both TB and HIV services. The transfer of appropriate skills will empower people and build local capacity, and in turn, this will help ensure sustainability after completion of the proposed project. The lay counselors will also learn to provide effective counseling to TB suspects and clients, and this will help alleviate time pressures on the nursing staff and allow them to concentrate on professional tasks. It is anticipated that this activity will result in improved job satisfaction among nurses and have a positive influence on the morale of staff. This project contributes to the PEPFAR goals by strengthening linkages between HIV and TB, by encouraging TB patients to undergo HIV testing, by identifying those who are co-infected and, by ensuring treatment, care and support. In addition, the project contributes to PEPFAR goals by providing messages on HIV transmission to schools and communities at large.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8183

Related Activity: 13865, 13866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22710	8183.22710.09	HHS/Centers for Disease Control & Prevention	University of Stellenbosch, South Africa	9770	4746.09	Desmond Tutu TB Centre	$709,176
8183	8183.07	HHS/Centers for Disease Control & Prevention	University of Stellenbosch, South Africa	4746	4746.07	New APS 2006/Desmond Tutu TB Centre	$1,060,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13865	13865.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$194,000
13866	13866.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	9	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,677	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	9	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,551	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	520.08	**Mechanism:**	CAPRISA Follow On
Prime Partner:	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	13862.08	**Planned Funds:**	$291,000
Activity System ID:	13862		

Activity Narrative: The activities listed below are intended to be competed and awarded to a follow on partner to UKZN CAPRISA since that award is ending in FY 07.

BACKGROUND:

CAPRISA was established in 2002 as a not for profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected clients that were screened out of CAPRISA's other research studies. It has since evolved into one of the pillars of CAPRISA and is evidence of the ongoing commitment to provide comprehensive services to communities. The CAT Program was initiated in June 2004 and currently provides an integrated package of prevention and treatment services. The program also provides an innovative method of providing ART by integrating the tuberculosis (TB) and HIV care as well as counseling and testing, family planning, sexually transmitted infections (STI) treatment, prophylaxis and treatment for opportunistic infections (OIs), and other HIV associated conditions at both a rural and urban site.

The CAPRISA eThekwini Clinical Research Site is attached to the Prince Cyril Zulu Communicable Disease Clinic (CDC) which is a large local government clinic for the diagnosis and treatment of STIs and TB, for which it provides free treatment. The HAART provision at this clinic integrates TB and HIV care into the existing TB control program. This allows for the opportunity to initiate HIV care and HAART for patients identified as HIV infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment. Patients are either self referred, or enter the HIV care continuum via the adjoining TB or STI services.

South Africa in general and the province of KwaZulu-Natal (KZN) in particular has seen a dramatic rise in the prevalence of TB which has largely been fuelled by the HIV epidemic. Due to the large scale of the TB epidemic, and the large number of patients attending designated TB facilities, in last few years, there has been many operational changes in the way TB is managed at the eThekwini Prince Cyril Zulu Communicable Disease Clinic (PCZCDC). For the most part, patients are referred from PCZCDC to their communities for DOT for TB. There has however been a significant reduction in treatment completion rates and cure rates for TB, largely as a result of a loss to follow-up of patients referred out to community facilities to receive their supervised treatment. The burden of daily DOT has financial implications for patients, in terms of transport costs, as well as employed patients' ability to present for treatment daily. Consequently, there has been a shift to community-based supervised DOT, the success of which has not yet been measured.

Retention to the ART treatment program, as well as measurable ART treatment outcomes, which draws from the same population of patients, has been surprisingly good, mostly as a result of good tracking efforts by fieldworkers.

PEPFAR-funded patients receiving TB/HIV care through the CAT program will be identified to receive field-based DOT. Patient visits will be conducted by fieldworkers, and an adherence assessment as well as an observation of DOT will be made. Patients who do not adhere to treatment x will be referred back to clinic, for specialized adherence education and support.

Fieldworkers will be employed via the CAPRISA Community Program and will be supervised by CAPRISA Community Liaison Officers. A treatment program coordinator will provide additional oversight, as well as assist with record collation and management. In-house trainers and coordinators will be identified. Trackers will be employed via the CAPRISA community research support group which is made up of community organizations and key stake holders from the community that are working in the field of HIV/AIDS and TB. A program of training of these field workers will be implemented prior to project start up. An ongoing monitoring and evaluation system will form part of the proposal to establish efficacy and effectiveness of field-based DOT. A comprehensive proposal for the expanded field-based DOT is being developed. TB drugs used for field-based DOT will be acquired from the TB services at PCZCDC. HIV-infected patients receiving ART and TB therapy via the eThekweni CAT program will be selected. Those unwilling to participate, or require daily clinic visits, or have MDR-TB will be excluded.

Currently all clinic information regarding TB diagnosis, clinical course and management is recorded on an electronic database available to both the TB services as well as the CAT. All treatment outcomes derived via the field-based DOT program will be entered and updated onto this electronic system. This will allow us to do efficacy and outcome analysis. It will also form the basis of doing quality assurance reviews. Additionally, a process will be developed to examine the cost-effectiveness of implementing field-based DOT.

These results contribute to the PEPFAR 2-7-10 goals by providing facility-based HIV-related palliative care to HIV-infected individuals by providing clinical prophylaxis and treatment for TB/HIV co-infected patients prior to initiation of ARVs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13857, 13858, 13859, 13860, 13950

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13857	3814.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$239,500
13858	3071.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$470,000
13859	3073.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$1,906,300
13860	3072.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$2,180,200
13950	13950.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	7	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	400	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 271.08 **Mechanism:** N/A

Prime Partner: Right To Care, South Africa **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3276.08

Activity System ID: 13794

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: $3,395,000

Activity Narrative: SUMMARY:

Right to Care (RTC) will use FY 2008 PEPFAR funds in five provinces to strengthen the capacity of healthcare providers to deliver TB/HIV services, identify TB and HIV co-infected individuals, and improve the overall quality of clinical and community-based healthcare services. The major areas of emphasis are human capacity development and local organization capacity building. Target populations include people infected with TB/HIV, public health care providers and local organizations.

BACKGROUND:

Throughout South Africa, active TB incidence rates are rising, reaching 608 per 100,000 per annum. HIV-infected patients are at significant risk for developing TB, and 58% of patients attending TB clinics have been identified as HIV-infected. Of primary importance is the identification of TB in HIV infected individuals, with over 60 percent of co-infected patients being sputum negative. Improved and early diagnosis of TB in HIV-infected individuals improves outcomes of morbidity and mortality. Co-infected individuals need to be initiated on antiretroviral therapy, according to standard treatment guidelines, to ensure improvement in mortality, morbidity and TB cure rates. RTC will support the South African government's TB program and the World Health Organization's policy on collaborative TB/HIV activities.

Since FY 2006 RTC has received funding for TB/HIV and plans to integrate the services for TB/HIV for all co-infected patients at sites throughout the RTC network with the FY 2008 funding. The additional activities at each of the sites will be: (1) access to HIV counseling and testing for patients with TB, (2) improved access to induced sputum for TB diagnosis in HIV-infected individuals, (3) improved linkages between the HIV and TB programs at each of the sites through referral, notification and follow-up; (4) infrastructure support to develop TB sputum rooms with appropriate infection control procedures to prevent the transmission of TB. Activities are currently limited by budget to the sites at Themba Lethu Clinic, Sizwe Hospital, Kimberley Hospital, Shongwe and 4 NGO sites. (5) FBO/NGO clinics focusing on underserved populations in rural areas, industrial areas and informal housing sectors as well as targeted gender specific support groups and family centered approaches will be targeted. The programs will promote sustainability through training of health care workers and partnerships with the National Department of Health (NDOH) to partially fund the ongoing running cost and staff components, over time.

ACTIVITIES AND EXPECTED RESULTS:

RTC will continue to work with the national and provincial departments of health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. RTC will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. RTC is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. RTC will continue to integrate TB/HIV interventions with existing agreement programs as they work seamlessly and side by side with government employees at government facilities.

With FY 2008 funding, the program will be expanded to all sites in the RTC network. RTC support to government sites will include infrastructure, human capacity development, salaries and training. Technical assistance will be provided to improve the integration of TB and HIV services and referral between the sites treating each of the diseases. In all cases where RTC provides salary support an agreement is made with the facility where positions will be created and funded by provinces in due course. Oftentimes a government position has been created, but not filled, and RTC supports a consultant to fill the position until such time as the province successfully recruits for it.

PEPFAR funds will enable long-term sustainability through support of, salaries, training and human capacity development at all RTC-supported TB/HIV clinics, in the form of sub-awards for NGO and FBO clinics and direct salary support for government sites. PEPFAR funds will also be used to adapt existing training materials to specific TB/HIV issues, and address infrastructure needs, such as HIV counseling rooms in TB clinics and specialized sputum induction rooms that comply with occupational and environmental safety standards. This will enhance both safety of obtaining sputum samples and increase sensitivity for positive sputum test.

At TB/HIV treatment sites, emphasis will be placed on identification of co-infected individuals, through promoting routine HIV counseling and testing for TB patients and TB screening of HIV patients who present with risk factors. Co-infected patients will be evaluated for correct application of ARVs and TB medications. Those on combined ARV and TB treatment will be monitored for the development of Immune Reconstitution Inflammatory Syndrome. Emphasis is placed on adherence support to address the increased risk of non-compliance due to high pill burden, and overlapping toxicities, particularly hepatotoxicity. Human capacity development in the management of anticipated drug interactions and shared adverse effects is an additional expected result. Family and community support network will be educated and trained in basic TB knowledge to help support the client with his/her treatment to improve compliance.

In addition to sputum collection, the implementation of low-cost, high through-put, digital, mobile chest x-ray technology, access to screening x-rays will be improved at rural, distant sites and in underserved populations. FY 2008 PEPFAR funding will be used to purchase and equip one mobile x-ray facility to assist the program in rural Northern Cape and Mpumalanga provinces. While x-ray is not a microbiological diagnosis, it is a simple method to augment diagnosis. TB bactecs and bone marrow procedures are not planned for the sites at present.

Although the current government policy includes access to INH for primary TB prophylaxis, most clinics do not have the required capacity or experience to provide this. INH is provided to Helen Joseph by the provincial government. RTC will evaluate INH prophylaxis at the Helen Joseph Hospital using evidence-based locally relevant data collected within the unit. In collaboration with the local National Health Laboratory Services ongoing monitoring of the evolution of mycobacterial resistance and effect on incidence of TB at the hospital will be undertaken. PEPFAR funds will be used for human capacity development, consultant and sessional salaries and infrastructure, but not for the purchase of INH prophylaxis.

Activity Narrative:

RTC and several of its sub-partners will also continue to incorporate TB/HIV training in ART courses for doctors, nurses and lay counselors to ensure quality of care.

Through induced sputum and chest x-ray, this program will improve TB case finding, improved sputum diagnosis and early TB treatment initiation. Through improved adherence to TB treatment, and improved notification and referral, the aim is to improve TB cure rates. Through improved HIV counseling and testing and referral to ARV treatment, overall TB cure rates and mortality outcomes are anticipated.

Overall the planned activities include monitoring and evaluating the outcomes of the integration of TB and HIV services on patients' outcomes, hospital stays, and mycobacterial outcomes of cure and resistance.

By reaching patients with TB/HIV therapy at various outlets, RTC will contribute to the PEPFAR goal of providing services to 10 million HIV-affected individuals. In addition, the activities support the USG Five-Year Strategy for South Africa by training health care workers in TB/HIV services, significantly strengthening these services and their integration into HIV and primary health care services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7548

Related Activity: 13793, 13795, 13796, 13797

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22938	3276.22938.09	U.S. Agency for International Development	Right To Care, South Africa	9835	271.09		$3,348,032
7548	3276.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		$0
3276	3276.06	U.S. Agency for International Development	Right To Care, South Africa	2652	271.06		$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
13795	2972.08	6612	271.08		Right To Care, South Africa	$1,616,000
13796	2974.08	6612	271.08		Right To Care, South Africa	$1,173,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	18	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	10,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Eastern Cape

Free State

Limpopo (Northern)

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5191.08	**Mechanism:**	N/A
Prime Partner:	Reproductive Health Research Unit, South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 9444.08

Planned Funds: $780,850

Activity System ID: 13790

Activity Narrative: SUMMARY:

The Reproductive Health Research Unit's (RHRU) TB-HIV activities include the ongoing provision of TB clinical services and the expansion of referral networks and service integration in a deprived inner city area of Johannesburg, South Africa. In addition, in KwaZulu-Natal (KZN), the RHRU is supporting implementation of ARV services at two TB hospitals (Don McKenzie & Charles James, where over 80% of TB patients are coinfected with HIV. Lastly, RHRU will pilot a program to provide a health screening program to health care workers in the inner city of Johannesburg, to ensure a healthy workforce and early referral and management of chronic disease. Emphasis areas include human capacity development and local organization capacity building. Target populations include PLHIV, adults and children.

BACKGROUND:

RHRU, a unit of the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national ARV rollout. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces. They will continue these activities, which include inner city, district wide and rural programs focusing on providing support to complete up and down treatment referral networks. In addition, RHRU will continue the provision of counseling and testing (CT), palliative care, and prevention services. RHRU continues to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others. It should be noted that the success of ARV treatment scale-up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary healthcare programs such as TB, family planning, antenatal/postnatal and STI treatment is critical. Basic Health Care and Support is an integral part of this system, and the RHRU will focus this part of its program on PLHIV, in impoverished areas such as the Hillbrow neighborhood in Johannesburg, and at PHC clinics in Durban, and rural areas of the North West province by delivering high quality palliative care, psychosocial support, and intensive training of doctors, nurses, and other health care professionals. Furthermore, RHRU will continue to develop strategies to address underserved communities affected by HIV, such as couples, high risk groups such as adolescents, and gender-based interventions with women at risk, including pregnant women, sex workers, and men. Although approximately 58% of TB patients in South Africa are HIV infected, published data have shown that a low number of patients are referred from surrounding TB sites to ARV services. A large percentage of these patients will qualify for immediate ARV treatment, and represent an untapped population requiring immediate access to ARVs. RHRU has been working with health authorities to provide TB clinical services and training, with the support of Emergency Plan-funding. RHRU has integrated TB into general palliative care training, and trained thousands of health providers in these areas in previous years. In addition, RHRU programs assist in treating HIV-infected people for TB. In FY 2008, RHRU will build on this program by continuing to train health care providers, and continuing to emphasize TB and HIV integration as part of on-site technical support to ARV treatment sites and primary health care clinics and their referral facilities.

ACTIVITIES AND EXPECTED RESULTS:

RHRU will continue to work with the national and provincial departments of health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. RHRU will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. RHRU is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. RHRU will continue to integrate TB/HIV interventions with existing agreement programs as they work seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: TB Treatment Support & Integration

Tuberculosis treatment represents an ideal opportunity for entry in to an ARV program. Patients being treated for TB have to deal with the public health system entry, daily adherence, drug toxicity, and regular follow-up evaluation, all of which are key components of the ARV program. Ensuring that health care workers understand that referral from TB sites should be seamless, and encouraging patients to test for HIV through the DOH program, will ensure a constant stream of well-prepared co-infected patients entering the system.

ACTIVITY 2: TB Referral & Staging

RHRU's teams will continue to work within the existing TB services in 3 provinces to expand CT, CD4 staging, initiation of opportunistic infection prophylaxis (cotrimoxazole) and preliminary ARV adherence advice. RHRU will also facilitate direct referral of correctly staged patients into ARV treatment sites, and ensure that other patients accessing ARVs in RHRU sites in the 2 provinces are referred for TB treatment where necessary. Additionally, in the case of very immuno-compromised patients with TB who require ARVs relatively quickly in terms of national guidelines, RHRU will train health care workers to recognize this urgency and refer accordingly, while working with accepting ARV sites to similarly treat these cases with urgency.

ACTIVITY 3: Human Capacity Development

RHRU will continue to develop and scale up TB/HIV training programs for TB service providers operating at all levels of facilities in the provinces in which RHRU works. The primary focus will be on increasing access to ARV services from TB services through continual training and engagement with TB managers. RHRU anticipates that this approach will maintain a steady stream of patients into their ARV programs (see ARV Services section for more information).

ACTIVITY 4: Health Maintenance Program for Health Care Workers

RHRU will continue to provide screening for TB, HIV and chronic diseases among health care workers in

Activity Narrative: City of Johannesburg health facilities, to ensure the preservation of human capacity and to determine the risk of TB infection among this important group. In FY 2008, RHRU will continue to undertake M&E activities to inform and develop quality TB/HIV care. RHRU will be in a position to conduct Public Health Evaluations (PHE) of some of its TB-HIV related projects in FY 2008-2009. For each PHE, a detailed proposal will be developed and submitted to PEPFAR for review and funding approval. This activity will contribute to both the vision outlined in South Africa's 5 Year Strategy and to the 2-7-10 goals by identifying and directing more people to ART, and by increasing access to care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9444

Related Activity: 13788, 13789, 13791, 13792

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23046	9444.23046.09	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	9883	5191.09		$952,312
9444	9444.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	$805,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13788	9449.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$339,500
13789	9448.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$500,000
13791	9445.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$908,000
13792	9446.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$22,022,260

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training, including the training of master trainers who cascade training to other health care workers. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Gauteng
KwaZulu-Natal
North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2801.08	**Mechanism:**	N/A
Prime Partner:	HIVCARE	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	13774.08	**Planned Funds:**	$242,500
Activity System ID:	13774		

Activity Narrative: SUMMARY:

HIVCare will use FY 2008 funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment and care in private health facilities to patients who do not have medical insurance, either through referrals from the public sector, or self-referrals. The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government rollout of HIV care and treatment has been geographically limited, with only one site in each of the five districts.

Since 2005 and the start of the program, patients have been referred from the State facilities to the HIVCare centers mostly already staged for HIV and assessed for TB. Following an analysis of lost to follow-up cases, HIVCare determined that splitting HIV and TB treatment and monitoring resulted in delays with access and adversely impacts on compliance. In coordination conjunction with the TB department of the FSDOH, TB assessment and treatment is to be integrated into HIVCare activities. Following technical input from the FSDOH, the centers chosen for TB treatment sites are suitable and certain recommendations have been made. These recommendations include separate facilities for patients and staff, air circulation and extraction processes in the clinic and a separate area for sputum collection. Various policies relating to infection control have been provided by the FSDOH for HIVCare implementation and these policies have been adopted within the centers' operational procedures.

The clinic is in possession of all of the necessary forms and registers, supplied by the FSDOH, to comply and integrate its TB service with theirs. Staff in the HIVCare centers are experienced public health nurses and refresher training is to be provided in TB management by the local FSDOH offices.

Staff are routinely monitored on an annual basis for TB infection including the requisite chest x-ray.

The major emphasis area for this program will be the provision of comprehensive care and support to persons infected with HIV as well as the improvement of referral systems, with minor emphasis given to quality assurance & supportive supervision, food and nutrition support as well as commodity procurement. The target population includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (without medical insurance). A further specific population that will be targeted will be secondary school children. The most significant target group is those persons in the economically active age group of the population that cannot access services in the public health system due to the high demand for services. Additional attention is to be given to the screening and treatment of TB among the patients attending the program. The linkage with the youth center will ensure that HIVCare has a larger proportion of younger persons being attended to, specifically adolescents aged 10-14 and 15-24. This focus on the youth should further encourage some involvement with the street youth and it is anticipated that the program will be marketed among those NGOs working with the street youth as

BACKGROUND:

Since 2005, the main thrust of the activity was to match the FSDOH with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through their primary health centers) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people waiting to go on ARV treatment. The Free State Province has a large prevalence of TB because of the number of deep mining activities in the area. MDR and XDR-TB have been identified in the province. As a result, a large proportion of newly identified patients are co-infected with TB. In the past all patients were referred back to government facilities to initiate TB treatment prior to beginning on ART with the HIVCare program. Aside from the general delay that this caused, some confusion among patients occurred. In addition, the inconvenience of further travel expenses and waiting periods to access the TB treatment resulted in many patients simply abandoning treatment and not returning to the clinic.

The Medicross Medical Centre in Bloemfontein, a well-equipped private primary health center, provides the main resource base and in conjunction with three other sites in Bloemfontein and another one in Welkom, will provide an effective means of providing TB treatment to patients who are either referred from state facilities or who access the sites by word of mouth.

ACTIVITIES AND EXPECTED RESULTS:

Following consultation with the FSDOH, the activities of the clinic operations have been expanded to include TB screening, related laboratory sampling and clinical treatment of TB using DOTS. Patients from these waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the three HIVCare primary health centers in Bloemfontein and one in Welkom for TB treatment. The FSDOH is a collaborating partner in this public-private partnership.

All pathology samples will be tested by the National Health Laboratory Service and all statistics relating to TB treatment will be forwarded to the TB department for inclusion in national figures.

Patients referred to the program receive PEPFAR-funded consultations and exams from HIVCare center physicians, who will also order relevant tests and refer patients to expert specialists when necessary. Based on the partnership with the FSDOH and the services requested that HIVCare provide, HIVCare centers do not provide free treatment for complex opportunistic infections, although some prophylaxis is provided (e.g. cotrimoxazole) and HIVCare staff will treat minor infections and HIV conditions that do not require investigative procedures or hospitalization.

Patients are still able to access public health facilities for more serious opportunistic infections/hospitalizations. Likewise, treatment for tuberculosis (TB) can be obtained from the centers. In those instances where patients are referred back to government facilities, a referral letter is provided from the treatment center to the public clinic with a request for information about the patient's TB regimen. Due to the close working relationship and partnership between HIVCare and the FSDOH facilities, this referral process is seamless. Very sick patients that are unable to access the centers will able to receive their medication via the HIVCare linkage with the Red Cross home-based carers.

Activity Narrative: HIVCare's activities to integrate TB and HIV care contribute to the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13770, 13771, 13772, 13773

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13770	7989.08	6603	2801.08		HIVCARE	$582,000
13771	7988.08	6603	2801.08		HIVCARE	$291,000
13772	3298.08	6603	2801.08		HIVCARE	$2,910,000
13773	3299.08	6603	2801.08		HIVCARE	$2,134,000

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food	$11,953

Public Private Partnership

Estimated PEPFAR contribution in dollars	$242,500
Estimated local PPP contribution in dollars	$72,269

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	932	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 397.08

Mechanism: N/A

Prime Partner: Africa Center for Health and Population Studies

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7913.08

Planned Funds: $291,000

Activity System ID: 13369

Activity Narrative: SUMMARY:

The Hlabisa antiretroviral treatment (ART) program aims to deliver safe, effective, efficient, equitable and sustainable ART to all who need it in Hlabisa district in rural KwaZulu-Natal. The program emphasizes the integration of the government PMTCT and Care and Treatment Programs. An important part of the Care and Treatment Program is the diagnosis and management of TB. Co-infection rates are high and the Medical Research Council estimates that 58% of people with TB also have HIV. The target population is people affected by HIV and AIDS. The major emphasis area is development of linkages and referral systems.

BACKGROUND:

The Africa Centre for Health and Population Studies (Hlabisa ART Programme) is a partnership between the KwaZulu-Natal (KZN) Department of Health (DOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal. The DOH program is based in Hlabisa sub-District, a rural health district in northern KZN, and provides healthcare to 220,000 people at one government district hospital and 14 fixed peripheral clinics. The comprehensive ART Program, which includes TB services, is embedded in the DOH antiretroviral therapy roll-out. TB/HIV services are considered part of the comprehensive ART roll-out. The Africa Centre and KZN DOH work to complement each others' abilities and resources in providing TB/HIV and related services. The Africa Centre has expertise in infectious diseases and management that is not available at the district DOH. In addition to clinical staff and infrastructure, the district DOH provides the necessary TB/HIV drugs and laboratory testing for effective roll-out.

With FY 2008 funds, the Africa Centre will continue to partner with the district DOH to improve and expand TB/HIV services by providing additional human resources and training. In addition, Africa Centre will continue to provide comprehensive and integrated services for TB/HIV, palliative care, PMTCT, CT and ART.

With FY 2008 funding the Africa Centre will improve TB and HIV screening and diagnosis for patients and their families. Specifically, Africa Centre involvement will strengthen the TB/HIV Program, palliative care, provision of ART and CT. Increased attention will be given to address gender issues through a greater involvement of men and to promote TB and ART services among men and children.

ACTIVITIES AND EXPECTED RESULTS:

Africa Centre will continue to work with the national and provincial Departments of Health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. Africa Centre will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. Africa Centre is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. Africa Centre will continue to integrate TB/HIV interventions with existing agreement programs as Africa Centre works seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: Partnership with South African Government

Africa Centre will expand TB/HIV screening and diagnosis services in collaboration with the DOH TB program and will explore other options for TB screening (including CT and PMTCT). Services will be expanded at all 14 facilities. The Africa Centre will work closely with the DOH to ensure that all patients who enter the ART program are screened for TB and treated, if necessary. In addition, Africa Centre will provide training and mentorship to medical staff in order to strengthen the referral of people who receive DOTS for HIV testing.

ACTIVITY 2: Screening and Diagnosis

As part of general patient work-up for the ART program, Africa Centre-placed staff in close collaboration with DOH physicians and nurses will ensure that all patients in the ART program receive TB screening and diagnosis. For those individuals who are unable to produce sputum for TB diagnosis, Africa Centre and DOH staff in line with current SAG standard practice will refer patients for chest x-rays. Currently, patients either incur large transportation costs or pay for the chest x-rays out of their own pockets at private providers. In FY 2006 the ART program contracted a private physician in Mtubatuba sub-District to provide chest x-rays for free for patients in the ART program. This has substantially reduced the expenses and time costs of a large proportion of ART patients in having chest x-rays. Contracting the services of more accessible service providers ensures increased access to the service for patients who need it.

ACTIVITY 3: Treatment

All individuals in the ART program who are diagnosed with TB are treated through the DOT support program in close collaboration with the existing DOH TB program. Africa Centre, in addition to initiating TB screening in all individuals who are enrolled in the ART program, monitors the completion of TB treatment both in individuals in the monitoring cohort and before ART initiation.

In accordance with the South African national HIV and AIDS treatment guidelines, all HIV-infected patients who are coinfected with TB will receive a full course of TB treatment independent of their HIV stage. In addition, before TB patients can receive ART, they will have been treated for TB (for two months if CD4 count >50, at least for two weeks if CD4 count <50). All patients who receive treatment for TB will also receive cotrimoxazole prophylaxis. A family centered approach will be adopted. Given the contagious nature of TB, patients with TB will be encouraged to bring their families in to be screened. Africa Centre will use this approach to increase male participation.

ACTIVITY 4: Human Capacity Development

Activity Narrative: The mobile team initiative started in FY 2006 with the goal to provide ART in all 15 DOH clinics, instead of only in 3 DOH clinics as in FY 2005. In FY 2008, this concept will be extended to provide home-based palliative care, with a team consisting of nurses, counselors, social worker and the assistance of a physician when required. Home-based palliative care will include educating patients about the need to screen for TB and to treat TB, if necessary.

The target population for home-based care is non-ambulatory patients who cannot access treatment in clinics and ambulatory patients who request a home visit, for instance to involve their partners and other family members in their care. The team will be able to provide ART and symptom relief, including symptomatic management of pain. The social worker will provide social counseling and information to the household on how to access available government psychosocial services (food aid, social workers, and government grants).

The nurses and the social workers who form the palliative care mobile team will receive intensive training. A baseline course is based on the DOH curriculum and is comprised of four sessions of three hours each; covering the basics of HIV and ART and TB, follow up of patients, and practical issues (including blood taking for CD4 counts and viral loads). In addition, the mobile care team will be specifically trained in administering and managing palliative care in the family setting.

This training will be further supported with clinic visits from training officers, during which the officers will monitor counseling and provide individual mentoring. In addition, nurses and treatment counselors will be encouraged to participate in short courses covering, the management of ART side effects, TB and HIV, and pediatric ART and TB. Counselors and nurses will be trained to provide TB care with a focus on the family.

ACTIVITY 5: Referrals and linkages

Counselors will be trained on available government support structures to link PLHIV and their families to other government programs, like ART services, PMTCT clinics, food aid and social workers, who can assist the families with applying for government grants. All patients who have TB will be tested for HIV and referred to the ART clinic if tested positive.

Individuals presenting to the DOH TB program independently from the ART program, will be routinely referred to CT. In order to start this activity, TB staff will be systematically and repeatedly informed where to access CT and how to talk to patients about HIV.

These activities will contribute to the PEPFAR goals of 2-7-10 by contributing to the goal of 10 million people receiving care through PEPFAR assistance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7913

Related Activity: 13367, 13368, 13370, 13371

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22569	7913.22569.09	U.S. Agency for International Development	Africa Center for Health and Population Studies	9726	397.09		$291,271
7913	7913.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13367	7914.08	6453	397.08		Africa Center for Health and Population Studies	$339,500
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
13370	7911.08	6453	397.08		Africa Center for Health and Population Studies	$824,500
13371	2997.08	6453	397.08		Africa Center for Health and Population Studies	$2,619,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	75	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 167.08

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3752.08

Planned Funds: $485,000

Activity System ID: 13377

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project will continue to encourage identification of HIV infection among TB clients, and TB disease detection and management among HIV clients. Major emphasis is on local organization development of clinics in the Hewu Hospital catchment area in the Eastern Cape and the feeder clinics for Frontier Hospital and Glen Grey Hospital. Emphasis of project interventions is also on training, monitoring and evaluation support through information technology development (the ARV and HIV electronic register) and developing supportive supervision. FY 2008 will include Nkonkobe LSA and a selection of the clinics feeding those hospitals.

BACKGROUND:

This is an ongoing activity that has received some support for training of nurses in TB and HIV care and an orientation of Service Corps Volunteers on the frequency of HIV infection among TB clients. Testing of TB clients has increased, but in many clinics is poorly documented in the counseling and testing program (better documented in the TB program records). Implementation of TB prophylaxis guidelines for HIV-infected clients in the Eastern Cape has been put on hold by the Eastern Cape Department of Health (ECDOH). Health workers express frustration and difficulty in diagnosing TB in HIV-infected patients who are sputum negative.

ACTIVITIES AND EXPECTED RESULTS:

Activities will focus on providing tools and mechanisms to improve the quality of home- and facility-based management of TB screening and management in HIV-infected clients, and HIV screening and management for clients on TB treatment. Tools for monitoring, supportive supervision and referral will also be provided.

ACTIVITY 1: Improve HIV Testing Rates of TB Clients

The project will support development of a standard client HIV education flip chart for TB clients similar to the CDC-supported antenatal care (ANC) counseling guide that achieved much success in Botswana. Nurses from 10 clinics will be recruited to field-test the flip chart and the counseling routine and note any effect on HIV testing among TB clients. Nurses will be encouraged to offer counseling both at the initiation of TB therapy and after the two-month intensive treatment phase to clients who had declined testing at initiation. South African Government DOT supporters from selected clinics will be provided with additional basic HIV and AIDS training, particularly for those not recently trained or provided with an update and refresher course. The flip chart piloted by clinics will be made available to DOT supporters from the same clinics in order to further encourage HIV testing among the TB clients.

ACTIVITY 2: Improve TB Screening Among HIV Clients

Active TB screening will be implemented in home-based care along with an orientation of HIV chronic care nurses on TB screening. In addition, key support group members will be trained to help screen for pulmonary TB and some key signs of non-pulmonary TB and refer to the clinic. Increased screening will be captured in the HBC records and the clinic chronic care record.

ACTIVITY 3: Training and Capacity Building

To ensure effective integration of TB and HIV care, doctors and nurses from Hewu Hospital, Sada CHC, Frontier Hospital and Glen Grey Hospital will be prioritized for updated training on TB and HIV co-management, using recent WHO and NDOH materials. Training for doctors will be open to 20 local general practitioners. Routine technical information packets of information from e-newsletters, tools and guides from PEPFAR partners, publications from USG cooperating agencies, such as WHO and the AIDS Vaccine Bulletin will be collated and distributed to the doctors, HIV service managers and nurses in ARV clinics. The project will subscribe to newsletters and training materials from various membership organizations on behalf of the health care providers at the three hospitals.

ACTIVITY 4: Strengthen Organizational and Supervisory Support for TB and HIV Integration

The project will support the Chris Hani District HIV, AIDS, STI, TB (HAST) committee to create objectives and a standing agenda item for monitoring progress toward integration of TB and HIV services. Development of tools to monitor and evaluate the effectiveness of integration will be advocated.

ACTIVITY 5: Ensure and Monitor Cotrimoxazole Therapy Implementation

Cotrimoxazole therapy is widely given to HIV clients, but the effects are not routinely monitored. To ensure that all appropriate clients benefit from cotrimoxazole, relevant data elements will be included in the HIV patient electronic register and therapy will be included in the algorithms as will the proposed HIV client care plans.

ACTIVITY 6: Effective Monitoring of TB and HIV-infected Patients

The flow of information and documentation of information between services to HIV-infected and TB patients will be assessed for bottlenecks and potential for losing follow-up of clients using client flow analysis and current client records to find where clients drop out of the system and delays are experienced. Africare will collaborate with another PEPFAR partner, QAP to capitalize on, and to reinforce, principles and processes of quality assurance that will allow facility teams to uncover their local constraints and to plan solutions.

ACTIVITY 7: Support to TB Clients as Potential or Diagnosed HIV Clients

TB clients will be informed of, and welcomed to the new HIV support groups at the clinics. It is understood that some TB clients are not ready to be tested for HIV and might find support to do so in the group. FY 2008 activities will also include dissemination of the new TB guidelines, accompanied by refresher training for hospital and private doctors. Africare's TB and HIV support contributes to PEPFAR's goal of 10 million

Activity Narrative: people receiving care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7281

Related Activity: 13374, 13375, 13376, 13378, 13379, 13380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22578	3752.22578.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7281	3752.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$150,000
3752	3752.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13375	7920.08	6455	167.08		Africare	$145,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13379	2910.08	6455	167.08		Africare	$388,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3320.08	**Planned Funds:**	$2,530,267
Activity System ID:	13732		

Activity Narrative: SUMMARY:

Activities support implementation and expansion of best-practice models for integration of tuberculosis (TB) and HIV services in public sector facilities in Eastern Cape (EC) and KwaZulu-Natal (KZN). TB/HIV activities are implemented through technical assistance and will result in a decrease of TB in HIV-infected children and adults, increase prevention and early detection of TB in HIV-infected children and adults, and provide overall support to provincial TB/HIV activities. The emphasis area for this program will be human resources. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), people living with HIV (PLHIV) and public and private sectors.

BACKGROUND:

Columbia University (Columbia) began TB/HIV integration activities in FY 2006. Health facilities initially identified in EC included 3 TB hospitals (Nkqubela, Fort Grey and Empilweni Hospitals) and 8 HIV care and treatment sites (Holy Cross, St. Patrick's, Rietvlei, Cecilia Makhiwane, Frere, Dora Nginza and Livingstone Hospitals, Ikhwezi Lokusa Wellness Center). In the TB hospitals inpatients are counseled and tested for HIV, initiated on cotrimoxazole prophylaxis if they are found to be HIV-infected and if they are eligible, started on antiretroviral treatment (ART). On discharge from TB hospitals, patients are linked to primary health care clinics or nearest facility where they can access HIV and TB treatment services. In FY 2006, Columbia began training of nurses, doctors and lay health workers on TB/HIV integration in both programmatic and clinical aspects: active TB case finding among HIV-infected patients, ART for eligible TB/HIV co-infected clients, and leveraging existing referral services to provide comprehensive HIV support. In FY 2008 Columbia will continue to implement activities in these 3 TB hospitals and 38 HIV care and treatment sites, for a total of 42 health facilities, in EC and KZN. Four new health facilities in Free State (FS) will be identified in FY 2008 for TB/HIV support. In FY 2007, Columbia formed a new partnership with Yale University AIDS Program in support of TB/HIV integration activities in Tugela Ferry, KZN, which will continue in FY 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: TB hospitals in Eastern Cape

Activities will include:

1. Provide ongoing TB/HIV clinical support by conducting didactic and onsite TB/HIV training for doctors, nurses and lay health staff to improve knowledge and practice around managing TB/HIV patients. Provide clinical mentorship through case presentations and discussion.

2. Continue to support the hiring and placement of doctors, nurses, and peer educators to improve uptake of HIV counseling and testing and to increase enrollment of TB/HIV co-infected patients into ART.

3. Provide technical support for monitoring and evaluation (M&E) activities by implementing a system to track/monitor referrals and patients between HIV and TB programs. This activity includes training and use of the pre-ART and ART facility registers.

ACTIVITY 2: HIV Care and Treatment Sites

Activities in the 38 HIV care and treatment sites will be focused on strengthening:

1. TB case-finding among clients enrolled into HIV care and ART. Columbia is in the process of implementing a facility held patient record that captures information on TB case finding within the patient record. Columbia is training doctors and nurses in the supported facilities to use the patient record to improve TB/HIV clinical care and treatment. These staff will be routinely mentored by Columbia nurse mentors/clinical advisors.

2. Referral linkages with the TB program to initiate TB therapy for those in HIV care and/or ART. The Columbia supported community health centers and primary health clinics (PHCs) with HIV care and treatment services also have TB services on site where Columbia supports TB services by improving referrals of TB/HIV co-infected clients on ART to on site TB services to receive TB treatment. This includes development of a referral slip to the TB services and also ensuring the facility held patient record in the HIV clinic is updated with the relevant TB information.

With FY 2008 reprogramming funding, Columbia will support infection control activities in 5 sites in EC.

ACTIVITY 3: Yale University Partnership

Columbia will partner with the Yale University to develop the following services at the Church of Scotland Hospital (COSH), Tugela Ferry:

1. Increase HIV counseling and testing (CT) of clients accessing TB services in the COSH. This will be implemented through the introduction of various models of provider-initiated CT at the TB treatment programs (drawing on experiences from other settings) that is inclusive of training of TB treatment staff in HIV CT, training in HIV pre- and post-test counseling with establishment of strong linkages to laboratory HIV diagnostic services, and training of TB treatment staff in the referral of TB patients to CT services.

2. Prevent the development of multidrug-resistant tuberculosis (MDR-TB) cases and improving treatment completion rates by strengthening the existing TB DOTS program and integrating with HIV treatment. Under the Yale partnership the program components for this specific program activity will include:
-Defining the baseline TB treatment completion and cure rates
-Overall program improvement by: providing routine HIV counseling and testing, developing effective TB screening tools for HIV-infected patients, use of a standardized once-daily ARV regimen to be administered concurrently with standard TB regimen for TB/HIV co-infected patients, using modified observed therapy, family and community-based health workers as treatment supporters, providing TB treatment literacy materials at ART initiation and training of case management teams to strengthen treatment follow-up and

Activity Narrative: completion by tracing defaulters in the community

3. Prevent nosocomial transmission of MDR-TB and extensively drug-resistant tuberculosis (XDR-TB) by instituting infection control. This will include; a. evaluation of nosocomial spread of MDR and XDR-TB by supporting sputum culture testing on all new and suspected TB cases (months 0, 2, 6), spoligotyping on selected isolates and confirmed MDR-TB isolates to determine timing of acquisition and possibility of nosocomial spread; spoligotyping of sensitive TB isolates and non HIV infected TB patients to determine if KZN strain confined only to MDR and XDR and HIV or more widely distributed; b. Improve program implementation by screening HIV-infected patients for TB, creating isolation facilities, improving air handling within wards, educating healthcare staff in personal infection control practices and provide personal protective equipment to minimize their risk, minimizing number of TB patients hospitalized, decreasing the length of stay for all TB patients by developing and evaluating protocols for earlier hospital discharge, and increase community-based care for TB treatment to absorb shift of TB care from inpatient to outpatient setting.

4. Implement a decentralized MDR-TB treatment program. Patients found to have MDR-TB travel 120 km to Durban to be admitted to King George V Hospital for second line therapy however the average waiting time for a bed is 2-3 weeks. Key components would include: Sputum culture testing on all suspected and confirmed TB cases in both inpatient and outpatient settings to identify cases of MDR-TB; Initiate a treatment program to provide second line TB treatment locally; Develop a contact tracing program for all MDR-TB and re-treatment cases to identify MDR-TB cases in community; spoligotyping MDR-TB isolates

5. Screen for active TB among HIV-infected patients through use of standardized screening questionnaires and/or algorithms by all types of healthcare workers followed by standardized follow-up and diagnostic algorithms of TB suspects and supported by the introduction of effective recording and reporting systems for these activities.

Originally support to COSH was to include a PHE, but as this PHE was not approved, the funding is reprogrammed back into the TB-HIV services to support service delivery in Tugela Ferry, in partnership with Yale.

In FY 2008 Columbia will embark on these additional activities:

ACTIVITY 4: Scale up use of TB screening tool at HIV care and treatment facilities

Columbia will ensure that the PHC record (which incorporates TB signs and symptoms) is used at all supported HIV care and treatment outlets. This TB screening tool will improve the quality of TB services provided at the HIV clinic and also increase TB case finding in this high risk population. In addition, this activity will dovetail with the proposed TB screening PHE about to be conducted in select health facilities.

ACTIVITY 5: Targeted TB prevention and control strategies

TB infection control activities targeted at 2 health facilities in EC (Motherwell Community Health Centre in Port Elizabeth and Cecilia Makiwane Hospital in East London). The objective of this activity is to minimize the risk of nosocomial TB transmission through minimizing source infectiousness. Activities include: assessing TB infection control procedures for gaps and needs for each facility; establishing work practice, clinical management and administrative procedures to minimize the nosocomial transmission of TB; assessing the impact of these interventions; and developing practice manual and educational tools for health care workers. New health facilities in FS will be determined in collaboration with the Health Department to receive support for TB/HIV and proposed activities to be implemented include those outlined above.

Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7305

Related Activity: 13736, 13731, 13733, 13734, 13735, 13738

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22749	3320.22749.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9785	2797.09		$2,674,713
7305	3320.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4371	2797.07		$1,700,000
3320	3320.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2797	2797.06		$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13738	3290.08	6589	4502.08	Track 1	Columbia University Mailman School of Public Health	$4,446,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	46	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	12,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	405	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Free State

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 226.08

Mechanism: N/A

Prime Partner: Foundation for Professional Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7986.08

Planned Funds: $950,600

Activity System ID: 13742

Activity Narrative: SUMMARY:

The program supports the expansion of access to comprehensive HIV and AIDS care by focusing on service delivery and Human Capacity Development with a view to increasing the detection and treatment of patients with TB and HIV coinfection. The emphasis areas for these activities are construction/renovation and HCD. The target populations for these activities include people living with HIV and AIDS (PLHIV), and most at risk populations.

BACKGROUND:

The Foundation for Professional Development (FPD) is a South African Private Institution of Higher Education working exclusively in the health sector in Southern Africa. PEPFAR funding has allowed large scale training and antiretroviral treatment to take place over the past year. FPD supports ART sites that are in high TB prevalence areas with case rates ranging from 300-1500:100,000 and as such there is a need to integrate TB and HIV services, improve the diagnosis and treatment of TB and provide training to health care professionals on TB/HIV in FY 2008. FPD provided training to over 800 clinicians and nurses on the management of TB/HIV during FY 06 and introduced programs in all the ARV clinics it supports to increase the identification of TB/HIV co-infected individuals while in FY 2007 the emphasis is on strengthening TB treatment sites with regard to identification of HIV co-infected individuals an initiation of ART at such sites. Treatment related activities are closely coordinated with provincial Departments of Health (DOH) through memorandums of understanding (MOUs) with provincial DOH and through close coordination with district TB programs. National Department of Health (NDOH) guidelines are also incorporated in all activities and training programs. A gender focus is built into all aspects of the project ranging from ensuring gender parity in uptake of testing and treatment, including gender in data collection, all counselors will be trained on aspects relating to male norms and behavior and equal access to training activities will be ensured. It is envisaged that FPD will be the main project implementer; however, sub-agreements with CBOs and FBOs may be used to increase community participation and to increase CT for TB and HIV. This project will place specific emphasis on gender issues in the context of the CT activities. All CT staff will be trained and provided with counseling tools in order to equip them to undertake couple counseling, identify, counsel and refer victims of sexual abuse and violence, and reduction of stigma and discrimination. Most of these activities will be aimed at strengthening the public healthcare system, promoting closer cooperation between the public sector and civil society institutions, and developing human capacity. Activities will offer sustainable and long-term benefits for the South African healthcare system.

ACTIVITIES AND EXPECTED RESULTS:

FPD will continue to work with the national and provincial departments of health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. FPD will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. FPD is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. FPD will continue to integrate TB/HIV interventions with existing agreement programs as they work seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: Support to South African Government

PEPFAR funds will be used for human resources at public sector ART sites and surrounding TB clinics. Funds will be utilized predominantly and in the form of salary support for FPD staff seconded to these sites. Sustainability will be ensured through strengthening systems and developing and supplementing capacity of existing government staff to increase identification of TB/HIV co-infected individuals, through promoting routine HIV CT for TB patients and routine TB screening of HIV patients at ART treatment sites. This will allow in time withdrawal of FPD seconded staff. Emphasis will also be placed on strengthening systems and developing and supplementing capacity to increase identification of TB/HIV co-infected individuals, through promoting routine HIV counseling and testing (CT) for TB patients and routine TB screening of HIV patients at TB treatment sites. Dedicated and cross-trained TB/HIV counselors will be placed at all TB sites who will actively promote CT among TB patients. TB Nurses will be deployed to all ARV sites and tasked with increasing the diagnosis of TB, especially sputum-infected TB in patients receiving ART. TB screening will be done by nurses following a protocol of history taking, routine sputum specimens, and x-rays as needed, and suspected smear-negative TB will be referred to an infectious disease clinician. These dedicated nurses will also ensure a fast track for patients requiring TB therapy and will maintain contact with patients to ensure they are not lost to ART. Co-infected patients who are on ARV treatment and TB treatment simultaneously will receive additional clinical monitoring due to the increased risk of Immune Reconstitution Syndrome, and challenges in the profiling of side effects. Emphasis is placed on adherence support to address the heightened risk of non-compliance due to high pill burden, and to cope with higher incidence of side effects due to drug interaction and overlapping hepatotoxicity. This activity plays an institutional strengthening role at TB sites with a view to such sites becoming ART down referral sites. PEPFAR funds will also be used to address minor infrastructure needs e.g. sputum rooms, nebulization apparatus and mobile x-ray facilities to improve the diagnosis and infection control of TB transmission. Funds will be utilized for culture and sensitivity tests where MDR-TB is suspected if government protocols or facility budgets do not make provision for such testing.

ACTIVITY 2: Outreach

Active TB case finding will be utilized at selected sites to increase uptake of TB and HIV testing among contacts of patients with TB and HIV coinfection. Dedicated staff (mentioned in Activity 1) will actively trace all contacts of TB patients on treatment to encourage the participation of these contacts in CT for both TB and HIV. ACTIVITY 3: Human Capacity Development. This activity ensures a cadre of skilled healthcare practitioners, in predominantly government service, who are able to provide care to PLHIV who are co-infected with TB. Healthcare workers will be trained on various subjects such as: clinical management of AIDS and TB, Management of CT, Palliative care, and Adherence and Workplace, using a proven short course training methodology that provides training close to participants work. PLHIV form part of the faculty to help with stigma reduction among participants and to articulate the needs of PLHIV. To maintain

Activity Narrative: knowledge, an alumni program of newsletters and regular refresher sessions has been developed. Given the high risk that MDR-TB poses for immune compromised individuals, particular emphasis will be placed on training facility managers, facility designers and clinical managers on infection control. Training takes place in all provinces for both public and civil society organizations, for public sector training such training is coordinated with relevant HR Departments. ACTIVITY 4: Referral and linkages. The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified TB/HIV co -infected will be a central focus of the project. Linkages with community mobilization and outreach activities will be initiated to promote the uptake of both TB and HIV CT services PEPFAR funds may be utilized in the form of sub-awards for NGOs working in the field of DOT support and community outreach.

FY 2008 COP activities will expand on the activities successfully started in previous years. FPD will contribute to the PEPFAR goals of 2-7-10 by developing the capacity of organizations to expand access to ART services for adults and children, building capacity for monitoring ART service delivery and reaching thousands of individuals with care and ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7986

Related Activity: 13753, 13743, 13744, 13745, 13746

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22958	7986.22958.09	U.S. Agency for International Development	Foundation for Professional Development	9840	226.09		$1,015,236
7986	7986.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		$750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13743	7987.08	6591	226.08		Foundation for Professional Development	$900,000
13744	7985.08	6591	226.08		Foundation for Professional Development	$873,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13746	6407.08	6591	226.08		Foundation for Professional Development	$625,650

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars $400,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	46	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	12,000	False

Indirect Targets

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 416.08

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 7939.08

Activity System ID: 13694

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: $1,455,000

Activity Narrative: SUMMARY:

BroadReach Healthcare's (BRHC) activities include doctor consultations, lab testing, adherence support, patient counseling, remote decision support, quality assurance monitoring, training for both patients and health professionals, support groups and data management.

BACKGROUND:

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the SAG rollout has not yet been implemented and assists ART rollout in the public sector. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity-building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

BRHC will continue to work with the national and provincial Departments of Health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. BRHC will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. BRHC is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. BRHC will continue to integrate TB/HIV interventions with existing agreement programs as BRHC works seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: Human Capacity Development (HCD)

This program aims to provide TB care and treatment for HIV-infected patients by strengthening the TB skills of health professionals through didactic training and clinical mentorships focusing on TB, TB/HIV coinfection and systems integration. Health professionals will also receive decision support and training from the BRHC clinical expert panel and disease management system for difficult cases. At the local level, HCD efforts will target the communities in which the program operates by providing training and information, education and communication (IEC) to patients and support group facilitators on TB, as well as HIV and AIDS, ART, adherence, living positively, and accessing clinical psychosocial support and linkages to other sectors and initiatives in their communities.

ACTIVITY 2: Support to SAG

This program will support the SAG TB program to increase the capacity of facilities in the testing and identification of TB patients. This will be accomplished through general healthcare financing which could include commodity procurement such as screening equipment to salary support of TB-focused clinical staff. Salary support would be given in line with government facility rates along with transition plans for the government facility to absorb the staff into their budget within a finite period. Alternatively staff would be financed on a contract basis while plans were implemented in government facilities to accommodate staffing needs. Further assistance could be given in assisting with health professional recruitment and developing retention strategies, as well as supporting BRHC network doctors who assist with TB/HIV care and treatment within government health facilities in their communities in order to increase treatment capacity. Training of these doctors assists with sustainability as it provides ongoing stable support to government facilities and allows government infrastructure to cope with fluctuating need through the provision of sessionals. Finally, BRHC will support SAG TB/HIV efforts through infrastructure upgrade by building and/or refurbishing hospital/clinic/lab space and purchasing equipment as needed, in order to support government clinic activities such as screening, diagnosis and closely supervised treatment. The approach would be to address the individual needs of each facility within areas where BroadReach provides assistance in the form of ARV treatment or CT services across the provinces.

BRHC activities in support of TB treatment will be guided by consultations at national, provincial and district level re: government identified shortcomings in TB programs. These interventions may include human resource support, equipment, facility-specific policy development and business systems according to SAG articulated needs. BRHC program support priorities will reflect SAG-identified priorities. Moreover, BRHC HIV and TB/HIV integrated activities will build on and support pre-existing initiatives at sites, and integrate with the facility, and district, provincial and national TB and TB/HIV programs. TB/HIV services will also be integrated with all other related care and support services offered at facility level.

ACTIVITY 3: Referral Networks

Additional support to SAG will be provided in the form of systems strengthening around TB/HIV activities. This will include improvement of referral linkages between the private sector general practitioners (GPs) and public sector facilities that treat BRHC patients for TB infection in the BRHC Comprehensive Care model. In addition, BRHC may work with government sites to facilitate linkages between TB and HIV clinics, as well as creating capacity and linkages within communities to support BRHC patients with TB/HIV coinfection within the context of a BRHC supported public-private partnership with Daimler Chrysler (PPP). These linkages will be established by implementing referral processes between caregivers by holding workshops, creating referral material (referral forms that inform the receiving provider where the patient originated and the findings of the original provider), and informing various groups of activities in the area. Processes will specify whether HIV patients with TB are referred to HIV clinics or TB clinics or vice versa. The expected outcome is that patients are treated holistically and not in isolation by various providers. Since these

Activity Narrative: diseases are closely linked it is important that the treating physician treats the patient for TB and HIV so that s/he is able to manage treatment regimes. BRHC will institute processes to ensure smooth referrals and coordinated patient management for co-infected patients. These processes may include employing TB/HIV case managers, integrating HIV and TB databases to facilitate patient tracking, support DOTS programs, utilize home-based carers to monitor and support patients. Patients with TB should have access to HIV testing and should they require ARV therapy, they would need to be treated or referred to an ARV facility.

ACTIVITY 4: Quality Assurance/Quality Improvement

TB/HIV activities will benefit from the same level of oversight and quality control as all other aspects of the BRHC treatment program including regular internal data and systems audits, collection of patient level surveillance data, exception reports, doctor-specific feedback report, and doctor decision making support, and community-based modified (directly observed treatment) DOTS programs. TB/HIV quality assurance is further enhanced by the tracking of co-infected patients through screening, diagnosis and treatment through the use of improved clinical forms and referral forms. A clinical oversight committee provides any guidance to GPs regarding complicated cases presenting with TB/HIV coinfection. Data collection and reporting on TB, and TB/HIV coinfection will be integrated into ARV Program management reports to ensure constant monitoring of patients and to facilitate program improvement.

All BRHC activities articulated in the FY 2007 COP will be scaled up significantly through partnerships with 15 SAG hospital systems (which include hospitals and affiliated CHCs and PHCs). With FY 08 funding, activities will be expanded/enhanced (i.e. no new activities) as follows:

-BRHC supports QA/QI at each of its public sector partner hospitals through QA assessments, systems re-engineering, and the development of reporting systems that provide program management feedback to improve program performance.
-As part of systems re-engineering BRHC will focus on improving integration between HIV/AIDS treatment programs and TB programs for testing, treatment coordination and referrals.
-Strengthen down referral activities between public sector hospital partners and their affiliated clinics by re-engineering referral processes, improved data management and patient tracking, and training.
-Training for health professionals at all public sector sites (hospitals and PHCs) covers TB/HIV co-management.
-HIV/AIDS literacy training for patients as part of community mobilization.
-Staff augmentation: BRHC will provide additional salary support to fill key positions within SAG partner hospital sites. BRHC will also work with the site to motivate for the creation of permanent posts where needed and ensure that BRHC/PEPFAR supported staff are incorporated into subsequent site budgets to ensure a sustainable staffing solution.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7939

Related Activity: 13700, 13698, 13699, 13693, 13695, 13696, 13697

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22616	7939.22616.09	U.S. Agency for International Development	Broadreach	9739	416.09		$1,412,666
7939	7939.07	U.S. Agency for International Development	Broadreach	4449	416.07		$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13699	13699.08	6576	416.08		Broadreach	$776,000
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13696	3133.08	6576	416.08		Broadreach	$737,200
13697	3006.08	6576	416.08		Broadreach	$14,326,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$42,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	125	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2787.08	**Mechanism:**	N/A
Prime Partner:	Absolute Return for Kids	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV

Budget Code: HVTB

Activity ID: 7882.08

Activity System ID: 13345

Program Area Code: 07

Planned Funds: $194,000

Activity Narrative: SUMMARY:

As part of a comprehensive treatment program, Absolute Return for Kids' (ARK) focus is to improve and enhance TB screening and treatment services for HIV-infected patients and their families. ARK will train and place required human resources (medical and counseling staff) and develop performance monitoring systems to strengthen adherence monitoring. The primary emphasis area is human resources. The target population is people living with HIV and AIDS (PLHIV) and HIV-affected families.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty. In partnership with the KwaZulu-Natal (KZN) provincial government, ARK has established an HIV and AIDS treatment program in government primary health facilities and hospitals. To date, PEPFAR funding has enabled ARK to successfully put over 15,000 patients onto ARV treatment in KwaZulu-Natal. Dual infection rates of TB with HIV are very high. The Medical Research Council reports the national rate at 58%. Many TB/HIV co-infected individuals are unaware of their dual infection, and CT services for coinfection are limited or non-existent. With COP 08 funding, ARK will continue its work to enhance and improve its HIV and AIDS treatment program by strengthening TB screening, care and support services for HIV-infected patients and their families.

ACTIVITIES AND EXPECTED RESULTS:

ARK will continue to work with the national and provincial departments of health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the Departments of Health) in the DOTS and TB/HIV programs. ARK will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. ARK is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. ARK will continue to integrate TB/HIV interventions with existing agreement programs as they work seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: Support to Provincial Government

ARK works with provincial government in developing the necessary processes and systems to manage the HIV care and treatment program and to ensure that the model created is scaleable, sustainable and replicable elsewhere. Specifically ARK has a mandate with provincial government to recruit and place human resources (doctors, nurses and pharmacists) in public clinics for a maximum of three years. ARK fully funds these positions, which will be taken over by provincial governments at the end of the period. The clinicians provide screening for TB, CT for HIV, and treatment management including patient consultations and treatment of opportunistic and sexually transmitted infections if necessary. ARK also provides training and mentorship to government community health workers (CHWs) to improve and enhance TB/HIV co-infected patient support. Community health workers provide care and support services including needs assessment and psychosocial support, and serve as a link, during and after TB treatment, and between the patient and the clinic to address patient needs. At government clinics, ARK strengthens data information systems to enable clinics to provide quarterly updates to provincial government to improve ongoing evaluation, data for outcomes computation and analysis.

ACTIVITY 2: Human Capacity Development

Formal and informal training and on-site mentorship is provided to all CHWs. ARK, together with the Centre for Social Science Research Unit, University of Cape Town, developed training modules for CHWs on HIV and AIDS care. The areas covered include: TB/HIV coinfection, TB treatment guidelines for adults and children, maternal and child care in the context of HIV and AIDS, and adherence to TB and ART treatment. ARK provides overall supervision of the program, ensuring ongoing mentorship of the trained CHWs.

ACTIVITY 3: Screening for TB with HIV-infected Patients

All HIV-infected individuals entering the program will be assessed for the presence of active TB. An inquiry about symptoms that would suggest active TB and any history of TB or known/likely exposure will be ascertained. For patients who report that they have received treatment of active TB or latent TB in the past, the adequacy of the treatment will be assessed. A physical examination that includes examination of extra-pulmonary sites of disease, such as lymph nodes, and chest radiography will be performed. ARK clinical and counseling staff will work with patients with infectious TB to identify their close contacts for screening and preventative treatment. ARK will also integrate TB screening into established PMTCT programs at ARK sites. HIV-infected patients who are candidates for, but who do not receive, TB preventive therapy will be assessed periodically for symptoms of active TB as part of ongoing management of HIV infection.

ACTIVITY 4: CT for DOTS Program

Patients with TB constitute an important "sentinel" population for HIV screening. The benefits of identifying previously unrecognized HIV infection are substantial in terms of both the opportunities for preventing future HIV transmission and the large potential benefits to the patient of antiretroviral therapy. Knowledge of the HIV sero-status of TB patients may also influence the treatment of their TB. ARK will work with established DOTS programs in its sites to promote the routine offering of CT for TB patients in order to increase the number of TB patients undergoing HIV CT. ARK will offer training to DOT supporters on HIV and AIDS and coinfection, and treatment and referral options. ARK will work with healthcare providers, administrators, and designated TB controllers to promote routine offering of CT and more coordinated care for patients with TB and HIV in government clinics through strengthening, and in some cases, establishing referral systems between the TB control programs and HIV and AIDS programs. Referrals and service use will be tracked to monitor the use of CT services among TB clients. ARK will also facilitate the sharing of information from the treatment program to the TB program and through the TB register. For TB patients who test positive for HIV, ARK CHWs will ensure that patients who are awaiting ARV treatment are adequately informed about ART

Activity Narrative: and are prepared to take treatment adherently. All patients who are pre-assessed undergo a treatment literacy program and are educated about "Positive Living." Patients are encouraged to motivate their partners/spouses to get tested.

ACTIVITY 5: Treatment, Care and Support

Individuals accessing ARK's services will be staged and entered into ARK's ARV treatment program. The program provides patient uptake, patient consultation, ongoing assessment and monitoring, CT and drug provision. HIV-infected patients, without active TB and not in-need of ARV treatment, will be offered isoniazid prophylaxis, monitoring, and ongoing counseling support for 6 months. At the end of the 6 months, these patients will be reassessed for further treatment. HIV-infected patients with active TB will be linked with DOT supporters and ARK's community health workers will provide them with ongoing TB treatment management and support. Once the patient has been successfully treated for TB, ARK will enroll the patient onto ART. Adherence support is a critical component, complementing clinical services. ARK utilizes a family centered approach for care and treatment. ARK-trained CHWs conduct pre-treatment home visits and provide ongoing psychosocial support to patients and their families. CHWs promote and support disclosure to partners and family, partner testing and facilitate treatment access. CHWs are required to facilitate support groups for their clients and ensure that all patients and their families have access to grants, spiritual support and psychological support and counseling where indicated. ARK will strive to identify children needing TB treatment and ART through ARK's OVC care and support, and CT programs. This activity will contribute to PEPFAR goals of 2-7-10 by providing care and treatment to many South Africans through ARK's TB/HIV program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7882

Related Activity: 13355, 13344, 13346, 13347, 13348, 14256

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22555	7882.22555.09	U.S. Agency for International Development	Absolute Return for Kids	9722	2787.09		$0
7882	7882.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13355	13355.08	6447	2787.08		Absolute Return for Kids	$727,500
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13347	7883.08	6447	2787.08		Absolute Return for Kids	$194,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	43	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,800	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	120	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,840	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 190.08

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 2914.08

Planned Funds: $1,338,200

Activity System ID: 13685

Activity Narrative: SUMMARY:

Aurum's TB/HIV program aims to integrate HIV care with TB prevention and treatment. This integration is planned at all the HIV treatment sites which include general practitioners' clinics and community clinics throughout the country. In addition, Aurum plans to improve TB/HIV integration at Chris Hani-Baragwanath Hospital in Gauteng by providing support to the TB clinic in the form of nursing staff and data management support. In addition, Aurum plans to work with the Platinum mining industry to insure TB/HIV integration within the mining health services and to provide mobile services to contacts of miners who are treated with TB. In the Eastern Cape, Aurum intends to provide support to Themba TB hospital to ensure they receive accreditation to provide HIV services. Emphasis areas include human resources, infrastructure, commodity procurement, logistics, quality assurance and training. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth. TB/HIV Care is a new activity under the SME Project. The screening and identification of TB
cases among the employed sector and taxi drivers is of particular importance as they come into contact with a large number of people each day and successful treatment will result in the prevention of several new infections. In addition, successful identification and treatment of TB in the employed sector, including Traders and Taxi drivers will ensure they continue to be economically active and are able to support themselves and their dependents and continue to run a viable business. SMEs contribute half of the total employment in South Africa and 75% of the employed people in Johannesburg utilize Taxis to commute to and from work.

BACKGROUND:

The main focus of the Aurum program in the public, private and NGO sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale where the peripheral sites are in resource-constrained settings and lack HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum has developed a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to manage patients in resource-poor settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and voluntary counseling and testing; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management system; and (4) centralized distribution of medication and laboratory testing.

This program will supplement the South African government ARV rollout plan and therefore the program adheres to national guidelines and protocols.

This is a new activity that only received PEPFAR funding since FY 2007, although Aurum has received PEPFAR funds for other activities such as TB preventive therapy described in the FY 2006 COP under palliative care. In most areas, clients are referred to the public health clinics for definitive diagnosis and treatment of TB. Aurum is initiating a program where healthcare workers at sites are able to diagnose TB patients using algorithms and guidelines that are in line with the National Department of Health (NDOH). Healthcare workers then refer patients to public sector clinics for treatment. In addition, patients who test HIV-infected under the counseling and testing program will be screened for TB.

ACTIVITIES AND EXPECTED RESULTS:

There are seven main activities in this program area.

ACTIVITY 1: TB Preventive Therapy for HIV-infected Individuals

CD4 count testing is done 6-monthly or 3-monthly in patients with CD4 above or below 350 respectively. Patients are given TB preventive therapy with 300mg isoniazid taken daily for 6 months after exclusion of TB, repeated every 2 years. Aurum expects that a minimum of 10% of all palliative care patients will require TB preventive therapy. This integration will be implemented at all the HIV treatment sites run by general practitioners and community clinics throughout the country. Sites include the Metro Evangelical Services Clinic, which provides services for the homeless population and street youth of Hillbrow, Johannesburg, and the Medical Research Council (MRC) sites, providing care primarily to women. Aurum's sites are located primarily in Gauteng, North West and KwaZulu-Natal. There are sites in all the other provinces but only one site in each of Northern Cape and Western Cape

ACTIVITY 2: Diagnosis and Treatment of TB in the HIV-infected

When initiating the ARV program or the palliative care program, a symptom screen and a chest radiograph will be done on each patient. At each clinic visit, there is symptom screening by trained nurses. Guidelines for screening tuberculosis will be followed and monitored. An evaluation of current screening practices is currently underway and this will be used to ensure improved monitoring of screening and standardization of the TB screening process. At Tshepong hospital the project will be enrolling new patients who are started on treatment onto a TB screening process (including symptom screening, sputum testing and chest radiography) to identify the most appropriate screening methods.

ACTIVITY 3: Support for HIV-TB integration services at Chris Hani-Baragwanath hospital

Aurum will provide support to provide TB/HIV integration services at the Chris Hani-Baragwanath hospital, a large government hospital in Gauteng. Aurum will employ a nurse and counselor who will provide HIV counseling and testing to all TB patients and ensure referral of those who test positive to the HIV clinic. In addition, Aurum will develop a data system that will assist in ensuring successful incorporation of these patients in the HIV care program.

ACTIVITY 4: Public-Private Partnership within Platinum Mining Industry

Aurum is establishing a partnership with Anglo Platinum and other platinum mining companies to strengthen

Activity Narrative: their TB/HIV integration activities within their mining facilities. In addition, a program to trace dependents and household contacts of miners diagnosed with TB will be introduced. This program will include household visits with HIV education and counseling, HIV testing, TB screening and referral for TB and HIV services. Aurum aims to visit around 800 households with approximately 5 persons per household. In addition, public TB services in the communities will be strengthened to cope with the increased workload. Originally support to the platinum mining industry was to include a PHE, but as this PHE was not approved, the funding is reprogrammed back into the TB-HIV services to support service delivery in this industry.

ACTIVITY 5: Support at Eastern Cape Themba TB hospital

Aurum will provide support to the Eastern Cape Themba hospital to assist them to obtain accreditation for the national CCMT program. This support will include provision of limited renovation, staff and technical support.

ACTIVITY 6: TB screening at Johannesburg Correctional Facility

Aurum will be undertaking a TB and HIV screening project at Johannesburg Correctional Facility. This will determine HIV and TB prevalence and appropriateness of various screening methods. In addition it will determine yield and cost-effectiveness of routine screening within the prison. This will be started with FY 2007 funding and completed in FY 2008. The project is expected to provide information that may lead to routine screening in other facilities.

ACTIVITY 7: TB Activities in the SME Project

People identified as HIV infected through the counselling and testing process performed by the SME Project will be screened for the presence of TB symptoms and referred for treatment to the nearest TB centre for follow-up. At some sites, sputum collection will be performed according to South African government protocols and the clients will then be informed of the results and referred for treatment. All HIV positive clients who do not have active TB will be offered IPT and training on the use of IPT will be provided to Aurum clinical staff, counselors, peer educators and staff at occupational health clinics. Education sessions to SME employees will include the simple identification of TB symptoms, importance of treatment and importance of IPT in HIV and their contacts.

ACTIVITY 8: Tembisa HIV-TB Integration
With FY08 reprogramming funds, Aurum will implement an integrated TB-HIV model for Tembisa (outside Johannesburg) that will utilize the principles of intensive case finding, isoniazid prophylaxis and infection control to improve TB-HIV services at Tembisa hospital, Tembisa Main Clinic and Winnie Mandela Clinic. Additional clinics in the sub-district will also be identified for strengthening activities. This activity would aim to engage private and civil society partners to ensure horizontal integration at the household level, utilizing mobile services and capacity development of clinics.

In addition to these activities, Aurum will conduct a public health evaluation, described elsewhere in the COP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7298

Related Activity: 13689, 13690, 13684, 14339, 13686, 13687, 13688

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29149	29149.06	U.S. Agency for International Development	Hope Worldwide Nigeria	11889	11889.06		$233,990
29148	29148.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	11888	11888.06		$200,000
29147	29147.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	11888	11888.06		$3,000,000
29146	29146.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	11888	11888.06		$10,000,000
29145	29145.06	U.S. Agency for International Development	World Vision Kenya	11887	11887.06		$496,861
29144	29144.06	U.S. Agency for International Development	World Relief	11886	11886.06		$445,901
29143	29143.06	U.S. Agency for International Development	Samaritan's Purse	11885	11885.06		$563,622
29142	29142.06	U.S. Agency for International Development	PATH	11884	11884.06		$957,877
29141	29141.06	U.S. Agency for International Development	Catholic Relief Services	11883	11883.06		$355,230
29140	29140.06	U.S. Agency for International Development	Adventist Development & Relief Agency	11882	11882.06		$2,076,651
7298	2914.07	HHS/Centers for Disease Control & Prevention	Aurum Health Research	4369	190.07		$500,000
2914	2914.06	HHS/Centers for Disease Control & Prevention	Aurum Health Research	2626	190.06		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13687	2913.08	6574	190.08		Aurum Health Research	$3,651,000
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$211,000
Estimated local PPP contribution in dollars	$120,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	124	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,414	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	320	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Eastern Cape

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2790.08

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7953.08

Planned Funds: $630,500

Activity System ID: 13711

Activity Narrative: SUMMARY:

Activities are implemented to support provision of TB diagnosis under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The focus of the activity is on diagnosing patients with TB so that they can be referred to the South African Government TB program for treatment, and commence with ART while on TB treatment as soon as the doctor at the site sees this as being medically feasible. The field sites target those in need of these services, who live in the catchment area of the site, and who lack the financial means to access services elsewhere.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale-up antiretroviral therapy in nine countries, including South Africa. In FY 2005, FY 2006 and FY 2007, South Africa COP funding was received to supplement central funding, with continued funding applied for in FY 2008. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial health protocols. There is a concerted effort at each site to ensure coordination with the South African Government (SAG) and sustainability by diagnosing TB in potential ART patients, referring them to nearby SAG TB treatment facilities, and commencing ART once the patients are ready.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. Of the 25 existing field sites, activated in program year 1 (Mar '04 - Mar '05), two have transferred all their ART patients to SAG rollout facilities in FY 2006, and have ceased providing treatment. Two new field sites have been activated in FY 2007 to replace these sites and to enroll additional ART patients in support of the SAG rollout plan.

Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

All TB treatment in South Africa is provided for free by the SAG. Screening of TB patients is problematic in NGO sites, but this programmatic area is strengthened with CDC-Atlanta technical assistance and increased focus in FY 2008. AIDSRelief will screen all patients who present themselves to field sites for TB, and will perform laboratory smear microscopy and culture (if indicated according to NDOH algorithms) on those suspected of having TB. If laboratory tests are positive, they will be referred to the SAG TB program for treatment, as per the agreement with the government. This activity includes additional training and commodities for the vast network of home-based carers to implement a single TB screening algorithm within the home setting, which improves referrals.

As part of the home-based care training, all home-based carers have to complete a module in TB DOTS. Most of them were selected as ART adherence monitors in the first place because of the considerable experience they have gained over the years in implementing the TB DOTS program.

AIDS (in itself and its relation to TB/HIV) is stigmatized in many South African communities because of the association with death. This is because the perception exists that AIDS inevitably leads to death. As the number of patients on treatment has grown, and as communities see that those on treatment are living normal, healthy lives, stigma is decreasing visibly and more and more patients are presenting themselves to be tested, either in VCT, or if they know that they are positive, to have their CD4 counts tested and see whether they qualify for treatment. This process has been accelerated by the way in which patients on treatment at each site are used as community peer educators and counselors.

As described earlier, all activities will be implemented in close collaboration with the South African Government's health authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7953

Related Activity: 13710, 13712, 13713, 13715, 13716, 13714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22647	7953.22647.09	HHS/Health Resources Services Administration	Catholic Relief Services	9747	2790.09		$922,359
7953	7953.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,065	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	478.08	**Mechanism:**	N/A
Prime Partner:	Hospice and Palliative Care Assn. Of South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 13800.08

Planned Funds: $97,000

Activity System ID: 13800

Activity Narrative: SUMMARY:

The Hospice Palliative Care Association of South Africa (HPCA) currently has 75 member hospices throughout South Africa (SA), each an independent legal entity. The Mission of HPCA is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services to HIV-infected persons.

BACKGROUND:

HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA, including work with religious leaders and member hospices that are faith-based organizations. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, the formal health care sector and NGOs. Improved collaboration between HPCA and National Department of Health (NDOH) is a key objective, aimed at optimum utilization of scarce palliative care resources. FY 2006 funding has allowed the training of 7,108 individuals from October 2006 to July 2007. The major focus of FY 2008 funding will be to provide direct palliative care to patients and their families, to assess quality of palliative care, assist in the development of new services, provide support to the care providers and provide training in palliative care. The services provided by HPCA members for TB care are included in Palliative Care where the HIV patient is also diagnosed with TB.

ACTIVITY 1: Patient Care

Patients' adherence to uninterrupted treatment is encouraged and monitored. It is the practice of HPCA member hospices and development sites to integrate TB care of the patient with HIV care, and the HPCA training courses include DOTS training for home-based carers. HIV patients receiving HIV-related care are routinely referred for TB screening. They are also referred to the local clinic or district hospitals for TB medication and followed up through the home-based care network. Many hospices use the DOTS-based national TB control strategy, in collaboration with the provincial Department of Health. HPCA also supports efforts to prevent and manage drug-resistant TB among HIV-infected TB patients. TB infection controls are implemented at hospice sites, such as maximized ventilation as an environmental control measure. Exposure to TB is an occupational hazard in the course of caring for patients. HPCA has developed guidelines for the Prevention of Transmission of Tuberculosis for staff in member hospices. The HPCA guidelines recommend that all HIV-infected patients be tested for TB before admission to a hospice program and that those with TB should be on TB treatment for 2 weeks before being considered for admission to a hospice in-patient unit, for the protection of staff and other patients. HPCA and its members will also focus on strengthening the relationships with public TB clinics to ensure appropriate referral and follow-up mechanisms are in place for TB patients. In FY 2008 PEPFAR funding will be used to build on existing TB services provided by member hospices by enhancing and expanding them. Joint TB/HIV activities will be implemented at member sites. All patients receiving HIV care and treatment support will be routinely referred for TB screening and followed up as appropriate.

ACTIVITY 2: TB Training

This activity will entail additional training of hospice staff and home-based care worker in TB screening, TB testing, treatment and infection prevention. No additional staff will need to be employed for the TB program. HPCA's existing training structures of Centers of Palliative Learning and the Regional Education Forums will be utilized and the TB aspects will be incorporated in the palliative care curriculum. Training will be given in accordance with national standards and will include TB screening, TB testing and treatment, prevention of infection, and environmental controls. Because of multidrug-resistant (MDR) and Extensively Drug Resistant (XDR) strains of TB, intensive training and Guidelines for HPCA members will be provided. Workshops will be held regionally presenting optimum environmental controls. Funding will be used for this additional training and possibly also to assist member hospices with ventilation equipment, irradiation lighting and respirator masks as appropriate. Both of the above TB activities will be monitored and evaluated on an ongoing basis. The target populations for this activity are people living with HIV and AIDS and the emphasis area is human capacity development as both pre-service and in-service training will be provided to all HPCA staff members and their affiliate organizations.

HPCA supports the USG South Africa Five-Year Strategy to expand access to quality palliative care services and improve quality of palliative care and HBC services, and thereby contributes to the 2-7-10 goal of providing care to 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13798, 13799, 13801

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13799	12479.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$1,250,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	175	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	4,000	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	1066.08	**Mechanism:**	PHRU
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3099.08	**Planned Funds:**	$873,000
Activity System ID:	14265		

Activity Narrative: SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for PLHIV. PHRU will use PEPFAR funds to continue its TB services to patients accessing care in Soweto (Gauteng), rural Limpopo/Mpumalanga Provinces and in the Western Cape. The TB/HIV program is integrated into all programs by providing screening, referring people with active TB to National TB treatment sites and providing preventative treatment for latent TB. The program is also linked to National TB treatment sites providing HIV care and treatment. The major emphasis areas are human capacity development and local organization capacity building. The primary target populations are HIV-infected adults and children.

BACKGROUND:

PHRU established palliative care programs in Soweto (Gauteng) and in rural Limpopo and Mpumalanga and have partnered with organizations in the Western Cape to provide care and support to people identified as HIV-infected through PMTCT and CT. High rates of TB in South Africa continue to be challenging and MDR-TB is considered to be on the rise. The PHRU will strengthen its emphasis on diagnosis of TB via its PMTCT program (through screening during CT when possible), and through screening of all patients testing positive. Once tested positive, all patients enter a wellness program where they will be screened and treated according to WHO protocols for TB. In South Africa, a wellness program covers the period from testing positive to needing treatment. The high HIV prevalence in South Africa requires a cost-effective package of care and support for people with HIV prior to ARV treatment. Primary health care nurses are the main providers of care under physician supervision in these programs. The programs follow the Department of Health guidelines for HIV care and laboratory testing to ensure compatibility with South African Government treatment sites. The programs have been approved by the medical ethical review board of the University of the Witwatersrand. The aim of the programs is to delay the progression of HIV to AIDS by providing palliative care and support to HIV-infected clients who do not yet qualify for ARV treatment. Care includes: elements of the preventive care package, screening for active TB, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for opportunistic infections, syphilis screening, symptomatic screening for syndromic STIs, screening for cervical cancer, provision of family planning and regular CD4 counts. Opportunistic illnesses are treated using a formulary based on the South African Essential Drug List. Support for clients, their families and community members is provided by support groups and education sessions at all sites covering issues such as basic HIV and AIDS information, HIV services, PMTCT, ARV treatment, opportunistic infections, TB, prevention, disclosure, nutrition, stigma positive living and adherence. Training of professional and lay staff takes place on a regular basis.

ACTIVITIES AND EXPECTED RESULTS:

PHRU will continue to work with the national and provincial departments of health and specifically with the HAST (HIV, AIDS STI, and TB) managers to prioritize interventions designed to address weaknesses (identified by the departments of health) in the DOTS and TB/HIV programs. PHRU will focus on improving policy adherence and patient follow-up. Individuals will be hired for each site as tracers to track patients and ensure that referrals are completed. PHRU is setting aside funding to develop (with other relevant partners or agreement counterparts) standardized tools to ensure that policies and guidelines recommended by NDOH are followed, including guidelines for infection control. PHRU will continue to integrate TB/HIV interventions with existing agreement programs as they work seamlessly and side by side with government employees at government facilities.

ACTIVITY 1: Soweto, Gauteng

In 2002 a care program was initiated in Soweto, a large urban area south-west of Johannesburg with very high HIV prevalence (30% in the ante-natal clinics). A holistic approach is provided to all enrolled in the wellness program and covers clinical services, psychosocial support, and healthy lifestyle promotion, including exercise, nutrition, and decreasing the use of alcohol and tobacco. To date over 4,500 adults have accessed the program with PEPFAR support. Support groups and education sessions, run by HIVSA, are available to all clients. All clients are symptom screened for TB at each visit and are referred for TB treatment to the government TB treatment clinics. PHRU is supporting the Charles Hurwitz Hospital, a government TB treatment facility, to integrate TB and HIV care and treatment. Expanding the program with FY 2008 funds, PHRU proposes to link TB screening into PMTCT service in Soweto and screen all pregnant women for active TB and refer those with positive results to government TB treatment sites. PHRU will work with public facilities to ensure that care for both TB and HIV is monitored and coordinated. Training for health care professionals working at PHRU and its partners (including the provincial Department of Health) in all aspects of HIV palliative care takes place on an ongoing basis.

ACTIVITY 2: Bushbuckridge, Rural Mpumalanga/Limpopo

Bushbuckridge district in Mpumalanga/Limpopo is one of the poorest in South Africa. Access to information and HIV healthcare and support is a basic need for all people living with HIV. PHRU in partnership with Rural AIDS Development Action Research Program (RADAR) and HIVSA established a wellness clinic at Tintswalo hospital and a district-wide support network for people living with HIV and AIDS. Since 2003, over 2,000 people have accessed the wellness clinic and more than 2,500 have accessed the support groups. A training program has been implemented to train nurses and lay facilitators, counselors and NGOs to provide effective support to people living with HIV and AIDS and basic education on HIV, TB, CT, HIV services and related issues to the broader community and build the capacity of linked local organizations. All clients are screened for active TB at each visit.

ACTIVITY 3: Tzaneen, Rural Limpopo

Since 2003, the University of Limpopo has been supporting the Department of Health to develop a wellness program based in primary healthcare clinics in Tzaneen District. In 2004 PHRU partnered with University of Limpopo to formalize and expand the program. PHRU has mentored the program, assisted with training health workers and has provided infrastructural support. In addition, HIVSA has provided training to support group members to enable them to run more effective support groups, and provide better information to people in the district. The program takes a district health approach and aims to operate throughout the

Activity Narrative: district. Over 600 people have enrolled in the program and more than 100 have been referred to ART sites for ARV treatment. People on treatment are supported at primary care clinics through this program. The program will be expanded to other sub-districts in the Tzaneen area. All clients attending Wellness services will be screened for active TB at each visit. US-based volunteers have supported this program.

ACTIVITY 4: Western Cape

In 2006 PHRU partnered with a number of organizations in the Western Cape including the University of Stellenbosch, Red Cross Children's Hospital and the Desmond Tutu HIV/AIDS Foundation. The aim is to support government ART sites to scale-up and develop down referral systems. PHRU will continue to screen HIV-infected clients for TB and those who are found to be co-infected will be referred to public sites for treatment. Expansion of these activities is planned. These activities will contribute to the PEPFAR 2-7-10 goals by providing TB/HIV care and services to HIV-affected people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7595

Related Activity: 14262, 14263, 14264, 14266, 14267, 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23641	3099.23641.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$847,600
7595	3099.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$550,000
3099	3099.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	35	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,200	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	193.08	**Mechanism:**	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	7968.08	**Planned Funds:**	$1,070,000
Activity System ID:	13765		

Activity Narrative: SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will support all of its care and treatment partners in addressing the barriers to increasing case detection and cure rates in TB co-infected HIV-infected patients. The program intends to strengthen collaboration between TB control initiatives and HIV and AIDS programs at EGPAF supported sites in KwaZulu-Natal, Gauteng, Free State and North West. EGPAF receives both Track 1 and Track 2 (South Africa) PEPFAR funding. The primary emphasis areas for activities are human capacity development and expansion of services through training and task shifting, quality improvement, development of networks, linkages, referral systems and strengthening local organization, development of infrastructure, policy and guidelines, and health information systems strengthening. Primary populations to be targeted include infants, men and women, both pregnant and not, people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:

Tuberculosis (TB) poses a serious threat to the public health and economic well-being of South Africans and in the advent of HIV, affects the most productive segments of the population, as well as disproportionately affects the poor. The HIV and AIDS epidemic in South Africa has further complicated control and treatment of TB. Although the South Africa National TB Control Program (NTCP) has made significant progress over the past several years, it still faces challenges in increasing case detection and cure rates. Key barriers include a lack of community understanding about the disease, limited access to services, inadequate provider knowledge and compliance with DOTS, and patient adherence to treatment.

The program's key focus will be at the district, municipal, and community levels. EGPAF will:

1. Assist stakeholders and partners to strengthen local capacity to detect, treat, and prevent TB.

2. Develop community-based strategies to identify potential TB cases and ensure early referrals for diagnosis and treatment.

3. Assist sites to integrate TB services with HIV and other healthcare services.

4. Support and develop community-based approaches to ensure treatment adherence.

ACTIVITIES AND EXPECTED RESULTS:

EGPAF will strengthen linkages between healthcare centers and community DOT supporters to reduce treatment interruption rates and improve treatment adherence. EGPAF will establish mechanisms for collaboration between TB and HIV services by providing counseling and testing within TB services, and screening HIV-infected individuals for TB.

EGPAF will assist in strengthening the technical capacity at the sites where the comprehensive care management and treatment programs are being supported. The key activities will involve the integration of TB services, VCT services, and antiretroviral treatment (ART) services, at primary health care and hospital level. These activities will be included in the site TB control and evaluation plans.

Mechanisms for integration are:

1. Support the district/site TB/HIV coordinator to expand and improve the referral linkages between TB and CT.

For all TB patients, provider initiated HIV testing and counseling will be offered and HIV-infected patients referred to CT. CD4 count and ART initiation will be carried at TB service points where possible. Cotrimoxazole prophylaxis will also be made available. All HIV-infected patients will be screened for TB, and referred to TB service points. Where possible, anti-TB treatment will be initiated in CT setting.

2. Assist in the development and implementation plan for TB/HIV at sites at which EGPAF will be providing comprehensive HIV and AIDS services.

The plan will include human capacity development through training. Health care providers at TB and CT service points will be trained in both TB and HIV management so that they can provide a comprehensive package of care. Use of community-based care and support initiatives will be explored to improve adherence and compliance

3. Assist in developing and strengthening monitoring and evaluation of referral systems for TB/HIV related activities.

EGPAF promotes the use of referral registers between service points e.g. VCT register reflecting the service point a patient was referred from e.g. TB, as well as TB and CT registers showing referrals between the two service points. At TB service points, HIV tests and CD4 counts done are recorded in registers to facilitate referral. All confirmed TB cases diagnosed at CT service points are recorded in registers and immediately referred to TB service points. Where possible, electronic TB registers will be maintained

4. For monitoring and evaluation, a core set of indicators, based on national guidelines for monitoring and evaluation of collaborative TB/HIV activities will be used to measure the success of the program.

EGPAF will support the following activities to reduce the burden of HIV in TB patients (adults and pediatrics):

1. HIV counseling and testing for all TB cases

2. Increased screening rates of TB for all HIV-infected patients within existing care and treatment sites and services. Intensified case finding methods include screening for symptoms and signs of TB i.e. cough for more than 2 or 3 weeks, fever, night sweats, recent weight loss, lymphadenopathy, routine three sputum

Activity Narrative: samples for Acid-Fast Bacilli (AFB), chest x-ray, TB culture may be used to confirm smear-negative pulmonary TB. When TB diagnosis is confirmed, TB notification is done. All HIV-infected patients with confirmed TB are referred (referral given) to TB service points for initiation of anti-TB treatment according to national ARV treatment guidelines. All TB referrals are recorded in the TB registers. In addition to the above screening methods, primary health care (PHC) facilities are encouraged to use TB Suspect Registers, which are in the form of a questionnaire, to screen for TB.

3. Provision of cotrimoxazole preventive therapy to TB patients with HIV infection as part of the comprehensive care and treatment program.

4. Provision of antiretroviral therapy and anti-TB treatment to eligible TB patients with HIV infection, will be carried out according to national ARV treatment guidelines. Staff will be trained on managing patients co-infected with HIV and TB.

5. Provision of care and support services to TB patients with HIV infection. All TB patients diagnosed HIV-infected are provided with cotrimoxazole prophylaxis. Prevention with positives activities are implemented and nutritional support provided in the form nutritional supplements, education, and food parcels.

6. Provision of isoniazid preventive therapy as part of the package of care for PLHIV when active TB is excluded. Currently, INH prophylaxis is mainly offered in the clinical setting. In its geographic areas of support, EGPAF will facilitate the provision of INH prophylaxis under DOT, as well as through home-based care programs, where possible.

EGPAF will assist the National TB Control Program to strengthen information systems, supervision, and program management. EGPAF will work with provincial, district, municipal, and community health systems to build or strengthen capacity to prevent, detect, and treat TB. Human capacity development through training and task-shifting (e.g. DOT staff giving INH prophylaxis). Mentoring, coaching and preceptorships will be used to ensure skills transfer in all areas including M&E, which will lead to a more sustainable program

Emphasis will be put on strengthening linkages with home-based care organizations and community healthcare workers to identify suspected TB cases, ensure early referrals for diagnosis and treatment, as well as support treatment adherence through DOT.

By supporting HIV care and treatment services, EGPAF contributes to the 2-7-10 goals of PEPFAR and the USG South Africa Five-Year Strategic Plan.

With FY08 reprogramming funding, EGPAF will address infection control support (assessment, technical assistance, training); and pediatric TB (training and mentoring) in the Free State and North West provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7968

Related Activity: 13763, 13764, 13766, 13767, 13769

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22765	7968.22765.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9790	193.09		$1,038,868
7968	7968.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13763	7969.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$2,925,000
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
13766	3806.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$455,000
13767	2917.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$5,510,000
13769	3296.08	6602	2255.08	track 1	Elizabeth Glaser Pediatric AIDS Foundation	$5,283,351

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	86	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	13,141	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	172	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,737	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4625.08

Mechanism: N/A

Prime Partner: McCord Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7910.08

Planned Funds: $167,810

Activity System ID: 14008

Activity Narrative: SUMMARY:

McCord/Zoe Life activities will build capacity in four municipal clinics, three non-government organizations (NGOs) and a corporate outreach program in Durban to provide proactive and integrated TB/HIV services within the framework of a primary health decentralized HIV care and treatment program. Emphasis areas include: development of referral systems between vertical HIV-related programs and other health services; local organization capacity development; and development of a workplace program.

BACKGROUND:

The prevalence of tuberculosis (TB) in KwaZulu-Natal (KZN) is high, with 60% of TB clients co-infected with HIV. Local TB programs are vertical programs that do not integrate HIV and TB care. An outbreak of multidrug-resistant tuberculosis (MDR-TB) along with poor treatment completion rates highlights the challenges of TB management in KZN. The tools used for diagnosis of TB where an estimated 75% of active TB is extrapulmonary and/or sputum negative pulmonary TB are limited to sputum microscopy for AFB. Chest x-rays (CXR) do help with diagnosis, but is not confirmatory, and the CXR picture of pulmonary TB in HIV is not the classic picture. Diagnosis is often complicated by other infections such as pneumocystis carinii pneumonia (PCP). The yield on sputum culture for TB is higher, especially with sputum negative on microscopy, and the yield of AFB on blood cultures in extrapulmonary and sputum negative TB is also fairly high. The best tool at this stage, however, is the clinician with a high index of suspicion for TB. Effective management of TB is one of the most important upcoming fields of care in South Africa. This new project will be implemented by the McCord/Zoe Life team and seeks to integrate HIV and TB care using National Department of Health (NDOH) guidelines and best practice models to provide a seamless continuum of care to clients co-infected with TB and HIV. Gender will be addressed by increasing access to TB screening in the workplace, increasing TB screening for women in PMTCT projects and in women's income generating projects run through the NGOs. The project will also provide TB/HIV care to refugees.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Counselors and clinical staff will be trained in provider-initiated CT, and this service will be offered to all TB-infected clients accessing care at the municipal clinics, and to TB patients accessing services at NGO sites. Counselors will be trained to enroll all HIV-infected clients into wellness/ARV services and to refer for CD4 screening. Counselors will be trained to screen for TB during any contact with an HIV-infected client and to refer appropriately. Nurses working in prevention of mother-to-child transmission (PMTCT) or sexually transmitted infections (STI) NGOs will be cross-trained to screen all HIV-infected clients at each contact and to refer appropriately for quick diagnosis, treatment and CD4 monitoring. They will be trained to provide focused wellness and adherence counseling to patients co-infected with TB and HIV. Staff working within clinic-based TB programs will be trained in integrated TB/HIV management and reporting, including provision of cotrimoxazole. Staff at NGOs will be trained to screen for TB in community settings and provide community-based wellness training, dual testing for TB/HIV, and household adherence support for TB/HIV.

ACTIVITY 2: Increase screening of TB in all HIV-related settings including community

This activity will provide technical support for counselors, community workers and nurses to routinely screen for TB in PMTCT, CT, palliative care and ARV services using a simple symptom-based screening tool.

ACTIVITY 3: Mentorship and supervision of staff

Mentorship and supervision of staff will provide integrated active case management of TB/HIV with multidisciplinary service provision in palliative care and ARV services where required. Staff will be assisted to integrate all patients with TB/HIV into comprehensive HIV management services with contact tracing, screening and partner/family testing encouraged as standard of care. Sites will be assisted to provide cotrimoxazole to all TB/HIV clients.

ACTIVITY 4: Linkages and referrals

McCord/Zoe Life will assist in strengthening linkages and referrals to ensure full range of HIV care and treatment services (including extrapulmonary TB) are available without loss of continuity of care or patients lost to follow-up.

ACTIVITY 5: Development of workplace program and mobile clinic

Staff and employees participating in the HIV workplace program will be trained to understand the link between HIV and TB. Employees accessing the workplace CT services will be screened for TB by history and symptom screening. Occupational nurses will be trained to screen for TB per protocol in the management of HIV. Additional funding will be sought to equip a mobile clinic with a mobile x-ray machine and microscopy. This unit will be used to provide TB and HIV screening and diagnosis to all workers accessing the workplace wellness program. Funding will be sought through industry and international funding to purchase this equipment which is vital to managing TB in the workplace. Until this is a reality, linkages between workplace programs and referral centers for treatment will be established. Where possible, TB treatment will be initiated onsite and TB rates reported to the district TB program.

ACTIVITY 6: Development and strengthening of M&E system

An M&E system should have the capacity to track HIV-infected clients receiving TB treatment, to ensure tracking of visits, active case management and retrieval of TB patients. The system will require strengthening of linkages between the municipal clinics, the Durban TB clinic and the DOTS workers. A patient-held record for communication between health facilities will be used in conjunction with the pharmacies and providers at the health facilities to ensure continuity of care in all services.

ACTIVITY 7: Sharing best-practices

Activity Narrative: McCord/Zoe Life will engage with provincial and district TB coordinating bodies to share best-practices to improve services. This includes revisiting diagnostic algorithms, accessing funding to pilot better diagnostic testing algorithms and expanding treatment centers.

ACTIVITY 8:

Staff will be trained and technical support provided to implement sustainable and affordable infection control policies and measures within each environment.

Sustainability is addressed through development of integrated services within existing public health facilities, establishment of linkages and referral pathways making access to diagnosis of TB easier, and through cost sharing in workplace programs.

Through integrated TB/HIV services, McCord Hospital/Zoe Life expects to increase provider-initiated HIV testing through the municipal TB services to all TB patients, expecting 40-60% of TB patients to be HIV infected. Any HIV-infected client on TB treatment will be offered the full spectrum of palliative care services and be referred to for ARV services according to provincial treatment guidelines. All HIV-infected clients will be screened for TB. It is expected that 20% of all HIV-infected clients will require TB treatment. In the NGO setting the goal is to increase community-based referral for TB screening, adherence support and strengthening of referral systems. In the workplace, the goal is to increase workplace screening, diagnosis and treatment of TB in the HIV workplace program through mobile onsite services.

The McCord Hospital activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7910

Related Activity: 14006, 14007, 14009, 14010, 14011

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23186	7910.23186.09	HHS/Centers for Disease Control & Prevention	McCord Hospital	9935	4625.09		$143,364
7910	7910.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$144,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14006	7906.08	6683	4625.08		McCord Hospital	$649,640
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
14009	7907.08	6683	4625.08		McCord Hospital	$204,670
14010	7908.08	6683	4625.08		McCord Hospital	$591,000
14011	7909.08	6683	4625.08		McCord Hospital	$570,360

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	550	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	650	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

KwaZulu-Natal

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	6183.08	**Mechanism:**	N/A
Prime Partner:	Tuberculosis Care Association	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	12516.08	**Planned Funds:**	$1,600,000
Activity System ID:	13836		

Activity Narrative: SUMMARY:

Activities will be carried out to screen people for TB in non-clinical counseling and testing (CT) and in clinical sites and to ensure referral for care. The project will support care and treatment services at three hospital-based clinics and eight primary health clinics (PHC). Clinical training and mentorship will be provided to screen HIV-infected people for TB, provide appropriate TB treatment, and to screen for isoniazid preventive therapy (IPT) to prevent TB. Community health workers (CHWs) will educate community members about the symptoms of TB and the importance of seeking care and completing TB treatment. They will screen community members for TB symptoms of TB and STIs and refer symptomatic people to health services. Community adherence support will be provided by CHWs for TB treatment, for prophylaxis (IPT and cotrimoxazole) and for antiretroviral therapy (ART). The adherence support model used for ART will be piloted with TB patients.

BACKGROUND:

TB Care Association (TBCA) will implement this activity in collaboration with provincial and district departments of health. TBCA has been providing community-based counseling, emergency material relief and TB treatment support in the Western Cape since 1992. The Western Cape province has requested support from TBCA for the West Coast Winelands district because the burden of TB with HIV coinfection is high. TBCA is exploring the possibility of expanding activities to the Northern Cape province as well.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: TB and STI Case Finding Linked to VCT

VCT will be provided in non-clinical sites including workplaces. During CT, counselors will routinely screen for TB and STIs, utilizing a questionnaire. Clients who have TB symptoms will be given 2 sputum containers by the nurse counselor and a referral letter to go immediately to their nearest health facility. Clients with STI symptoms will also be given a referral letter to their nearest health facility. The CT register will have additional columns to indicate if clients have TB or STI symptoms as well as a column to determine if the patient presents at the health facility to which they are referred.

PEPFAR funds will be used to employ one data capturer for each supported health facility to assist with recording laboratory results and to trace people with positive TB smears to ensure that they are initiated on treatment. The data capturer will also be responsible for informing the CT teams and community health workers (CHWs) if referred patients attend the facilities to which they have been referred.

ACTIVITY 2: Improve the Quality of TB/HIV Care and Treatment

TB/HIV clinical training & mentoring will be provided for all relevant health care workers, in accordance with the South African National TB Control Program guidelines and national guidelines for HIV care, utilizing materials adopted by the Western Cape Department of Health (i.e. PALSA plus). Training will focus on the co-management of TB, HIV and STIs. Health care providers will also be trained to routinely counsel TB patients about the benefits of knowing their HIV status and to give patients the opportunity to test or to opt out of testing. HIV-infected TB patients will be offered cotrimoxazole prophylaxis and will have a CD4 count done as part of screening for antiretroviral therapy (ART). The new NTCP TB register will be introduced to register all TB patients, to document their HIV status, and to record which TB patients are started on cotrimoxazole and screened for ART. Health workers who provide care for TB patients will be trained on the prevention and management of opportunistic infections, on ART and on the new TB register.

Health workers, who provide HIV care, including pediatric services, will be trained to screen all HIV-infected clients for TB and to screen asymptomatic patients for IPT. HIV-infected individuals with symptoms of TB will be provided with diagnostic services at the level of care where screened (i.e. ART clinic), including TB culture. Recording and reporting of TB status will occur at the closest TB treatment clinic. TBCA will work closely with DOH to integrate services, to allow co-infected patients to seek care at one point of service.

Under the guidance of the clinical coordinator, two nurse mentors will visit health facilities on a regular basis to provide supervisory support to ensure optimal co-management of HIV, TB and STIs. These visits will reinforce didactic training and will assist health staff in facilities to solve clinical problems they encounter through case studies. Nurse mentors will also liaise with the community team leader in each facility to assist with monitoring referrals to ensure a continuum of care between communities, clinics and hospitals. Training and mentoring initiatives will address clinical issues identified through quality assurance reviews.

ACTIVITY 3: Improve TB and ART Case Holding through Community-based Adherence Support

The policy of the Western Cape Department of Health is to provide funding for multi-skilled community health workers (CHWs) rather than community workers that focus on vertical program. CHWs will be trained on priority health issues to provide integrated community care. They will be responsible for the following activities:

-HIV prevention and condom distribution
-Education on STI symptoms and the importance of seeking treatment for STIs
-Promotion of HIV voluntary counseling and testing, particularly for pregnant women
-Infant feeding counseling
-Education on TB symptoms and the importance of seeking treatment for TB
-Screening community members for TB and STI symptoms and referring suspects to health facilities
-Education on the importance of adhering to prophylaxis (isoniazid and cotrimoxazole), antiretroviral treatment and TB treatment
-Monitoring and providing adherence support to TB patients and HIV-infected clients taking prophylaxis or ARVs with modified directly observed treatment (DOT)
-Home-based care
-Identification of malnourished children and referral to health facilities
-Assistance in obtaining social support grants
-Referral to support services to address substance abuse and domestic violence

Activity Narrative: -Stigma and discrimination towards people living with HIV will be addressed through the efforts of community mobilizers and CHWs who will increase awareness of HIV in their communities utilizing IEC strategies.

The TB Alliance DOTS Support Association (TADSA) will be a partner in the formative assessment of adherence support services. The first step will be to identify existing organizations that are providing home-based care services in the area. Where possible, existing home-based carers will be recruited and trained to provide more comprehensive care as CHWs. Carers who are already engaged in home-based care and who receive a stipend from the provincial government will integrate the new activities into their existing functions. In areas where there are no home-based care organizations, CHWs will be recruited from the communities in the catchment areas of the facilities. Stipends for CHWs will be funded from the PEPFAR budget, at a similar rate to what the Provincial Government pays. This will ensure sustainability for when the program is taken over by the government. TBCA has a well developed system of financial controls for managing the payment of stipends. Approximately ten CHWs and one community team leader will be employed per health facility, depending on the estimated burden of TB & HIV in the community (see Activity 4).

Health facilities will inform TBCA community team leaders of all patients who are initiated on prophylaxis, ART or TB treatment. Community team leaders will identify a CHW who lives close to the patient and arrange for the CHW to meet the patient. Patients on treatment will be visited by a CHW daily for the first two weeks of treatment, then weekly up to eight weeks of treatment, then every two weeks (modified DOT). CHWs will identify any potential adherence problems, try to address them with the patient and inform the health professionals of issues that need to be addressed (e.g., side effects).

ACTIVITY 4: Assessment of Quality of Services

The University of the Western Cape, School of Public Health, will be sub-contracted to evaluate the quality of TB/HIV/STI services. This will be done by conducting facility audits using an integrated TB/HIV/STI evaluation tool at the beginning of the project, at one year and at the end of the project.

The quality of services will also be assessed through routine TB and HIV monitoring and evaluation. Existing forms and registers will be reviewed and, if necessary, be revised, piloted and implemented to collect information for key indicators. District and facility managers will be assisted in monitoring progress in achieving agreed upon targets.

A baseline survey will be done to assess demographics, TB and HIV education and stigma as well as health seeking behaviors and uptake of VCT. This survey will be repeated at the end of the project to assess the impact of the services provided.

ACTIVITY 5: Improving HIV and TB treatment Adherence and Outcomes

Drawing on ART adherence promotion models this project evaluates a pilot program using lay health workers to support adherence to TB treatment in Cape Town. The pilot replicates what are seen as the key elements of the ART adherence model: intensive treatment counseling and preparation sessions by trained lay adherence counselors; the use of a 'buddy' to support patients; and frequent lay treatment supporters visits to help patients manage problems that arise during treatment. A qualitative assessment will be done of the feasibility and acceptability of the adherence model. TB treatment outcomes using the adherence model will be compared with treatment outcomes with the standard of care (directly observed treatment).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12516

Related Activity: 13837, 13838, 13839

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12516	12516.07	HHS/Centers for Disease Control & Prevention	Tuberculosis Care Association	6183	6183.07		$1,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13837	13837.08	6628	6183.08		Tuberculosis Care Association	$125,000
13838	13838.08	6628	6183.08		Tuberculosis Care Association	$500,000
13839	13839.08	6628	6183.08		Tuberculosis Care Association	$910,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	22	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,700	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Western Cape

Northern Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 328.08 **Mechanism:** N/A

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 13964.08

Planned Funds: $970,000

Activity System ID: 13964

Activity Narrative: SUMMARY:

Johns Hopkins University Center for Communication Programs (JHU/CCP), coordinates the work of 20 South African partners and provides technical assistance and capacity building to mobilize and educate communities and clinicians about the linkages between Tuberculosis (TB) and HIV. The focus is TB literacy, and training clinicians through distance learning. The target populations for this activity are adult men and women (including pregnant women) living with HIV (PLHIV), discordant couples, volunteers, public health workers, and community-based, faith-based and non-governmental organizations. The major emphasis area will be human capacity development and other activities will include community mobilization, information, education and communication and training. Findings from the 2008 National HIV and AIDS Communication Survey will help focus TB interventions and assist in improving understanding regarding TB and its treatment. The survey will provide a valuable baseline to further develop present communication interventions on TB.

BACKGROUND:

This is the first year that JHU/CCP will undertake community mobilization and mass media in support of TB/HIV that builds upon the successful four year program and ongoing partnerships that have utilized interpersonal communication and mass media in support of treatment literacy, adherence and clinician training. Eight of the twenty partners that work with JHU/CCP will be engaged in work on TB/HIV including the South African Broadcasting Corporation (SABC), Mindset Health Channel (MHC), Community Health and Media Trust (CHMT), LifeLine, The Valley Trust (TVT), DramAidE, Lesedi Lechabile, Mothusimpilo, Lighthouse foundation and ABC Ulwazi. The work will be in coordination with other PEPFAR funded partners such as URC's TB TASCII Project and the National Department of Health (NDOH) TB Sub-Directorate. All these interventions seek to undertake public awareness and education around the dual epidemics of TB/HIV using interpersonal communication interventions and mass media. The awareness and educational programs will be reinforced within health care facilities through interventions that provide more human input into the care and support of TB patients in their interactions with the public health system and upon their return to their communities. One of the weaknesses of the current care package is that patients are only provided with verbal guidance on how to access health care services and there is very little follow-up once they leave the health care facility. All community outreach workers will provide step-by-step assistance to each individual patient and walk them through the health system. By providing one-on-one assistance this will ensure that patients do not "get lost" which enhances the probability of them receiving adequate care and support including accessing treatment. The same outreach workers will do home and community follow-up to ensure that patients are compliant with their treatment regimens. It is anticipated that this will ensure better initiation completion rate of treatment rates among TB patients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization

CHMT, with PEPFAR funding, has developed a series of video and print materials for people affected by and living with HIV, their caregivers and communities that includes material on TB. PEPFAR funding assists CHMT to revise and update the TB-HIV component of these materials. The materials are used in group sessions and workshops facilitated by 92 Treatment Literacy and Prevention Practitioners (TLPPs) (72 funded by PEPFAR and 20 NDOH) within the TB and ART clinics where they encourage TB patients to be tested for HIV and HIV patients to be screened for TB. The treatment literacy work of the TLPPs within clinical settings task shifts the responsibility of the management of treatment literacy for patients living with HIV from health practitioners thus freeing them up to provide to provide improved clinical services. TLPPs provide capacity building and mentoring to local community-based organizations to use the treatment literacy material in strengthening their support for people living with HIV. This intervention has received National Department of Health (NDOH) approval.

The Mindset Health Channel (MHC) is a public-private partnership that provides information directly into health clinics, targeting patients in waiting rooms with general information, and healthcare providers with training and technical information. JHU/CCP continues its collaboration with MHC which, at the beginning of FY 2008, will be in more than 400 health facilities. Existing material will be revised and updated, including treatment videos, web content and print materials in up to five languages for healthcare workers at these sites. CHMT treatment literacy practitioners spend half their time with patients in ARV rollout and downstream referral sites that have the MHC.

Mindset uses its onsite access to clinicians to build their capacity to deliver quality TB services in line with national protocols. This includes encouraging TB patients to be tested for HIV and for HIV patients to be screened for TB, adherence messages for persons on treatment, treatment support education for families and individuals supporting those on treatment. Other issues covered include prevention with positives with emphasis on discordant couples. Information includes adherence for treatment.

Both Mindset and CHMT material have been developed through public-private partnerships including; business (MTN, Liberty Foundation and Sunday Times) as well as assistance from government and parastatals (e.g. NDOH, SABC).

DramAidE utilizes HIV-infected Health Promoters in 23 tertiary institutions in South Africa to undertake community sensitization efforts among students on campuses using events such as World TB Day and through their support groups of students living with HIV around the need to be screened for TB and adherence to TB treatment.

Lesedi Lechabile and Mothusimpilo trains their peer educators working in mobile clinics and one static site to provide counseling to vulnerable women, mine workers and people living with HIV on the need for TB screening and treatment adherence in the mining districts of the Free State and North West Provinces. They undertake community sensitization and mobilization around TB/HIV.

Lighthouse Foundation (LF) trains its peer educators and community facilitators to work in the 13 informal settlements in the Madibeng District of the North West Province to undertake community sensitization efforts using their door-to-door campaigns and community events. LF uses events such as World TB Day

Activity Narrative: and their support groups of students living with HIV to disseminate messages around the need to be screened for TB and adherence to TB treatment.

ACTIVITY 2: Media support for community mobilization

ABC Ulwazi produces a radio talk show series tailored to 60 different community radio stations. Special emphasis is on treatment adherence and establishing support systems for those people who have TB. Each episode ends with a summary and clear messages on the topic discussed.

SABC continues the theme of treatment through two programs: Trailblazers, a 13 episode TV series highlighting success stories including best practices in this area; and a new 26 episode adult TV drama series. Both TV programs are accompanied by radio talk shows (on 9 local language stations) as well as web-based content. The storylines focus on TB and HIV treatment and prevention with positives.

JHU/CCP contributes substantially towards meeting the vision outlined in the USG PEPFAR Five-Year Strategy for South Africa by ensuring that 1) all persons who are screened for TB are tested for HIV and that all persons living with HIV are screened for TB; 2) that TB patients and patients living with HIV have access to TB/HIV services; 3) implementing joint TB/HIV information, education and communication activities. By training individuals to deliver quality TB/HIV services this activity contributes to the PEPFAR goal of putting two million HIV-infected people on treatment. This activity also contributes towards the objectives of the National Strategic Plan for South Africa through ensuring that 80% of people have access to appropriate treatment, care and support services through the effective management of TB and HIV coinfection.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13965, 13952, 13953, 13954, 13955, 13956, 13957, 13958

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$480,500

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	150,000	False
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,000	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	10,000	False

Indirect Targets

Every opportunity will be utilized to undertake community mobilization and sensitization concerning the linkages between TB-HIV, encouraging people to be screened for TB and tested for HIV. This includes ensuring that persons tested for HIV are also screened for TB. This activity will contribute towards ensuring that greater numbers of persons in need are able to access TB-HIV on a timely basis. A study that will investigate the manner in which task shifting the management of people living with HIV in health centers and tertiary institutions from health care workers to TLPPs and HPs on tertiary campuses contributes towards improved care and support for people living with HIV, will ensure better care and support for people living with HIV, including those who have TB.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 257.08 **Mechanism:** N/A

Prime Partner: Medical Research Council of South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 2955.08

Planned Funds: $1,355,000

Activity System ID: 14020

Activity Narrative: SUMMARY:

The Medical Research Council (MRC) will carry out activities to support a comprehensive best-practice approach to integrated TB/HIV care at existing sites and new sites in KwaZulu-Natal, North West, Eastern Cape, Western Cape and Mpumalanga. The project aims to improve access to HIV care and treatment for tuberculosis (TB) patients by strengthening the role of TB services as an entry point for delivery of HIV and AIDS care, and by expanding TB screening to people living with HIV (PLHIV). Project results and lessons learnt will be shared with the national and provincial Departments of Health to inform existing policies and guidelines on TB/HIV care. TB patients and PLHIV are the key target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated).

BACKGROUND:

The MRC initiated a best-practice approach to integrated TB/HIV care with FY 2004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited antiretroviral (ARV) site, and in FY 2005, activities were focused on the development and implementation of a best-practice model. Preliminary results from the model site confirmed the benefits of an integrated TB/HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life for TB patients living with HIV and prolonged survival rates. Results also confirm the safety and efficacy of dual regimens, showing that antiretroviral treatment (ART) can safely be instituted within the first month of TB treatment. Activities in the established sites will continue in FY 2008. The best-practice approach will be expanded to additional sites in FY 2008 i.e. one site in Mpumalanga, 2 sites in the Western Cape, one site in the Eastern Cape and one more site in the North West. The best-practices model drew from lessons learnt in the start-up sites, such as the need for essential human resources, the importance of negotiated partnerships with health departments, and the challenges posed by dual stigmatization and discrimination. The new sites are characterized by extreme poverty, poor health infrastructure, cross border migration and limited healthcare access. Meeting the challenges of an integrated TB/HIV approach in such settings will be specifically addressed, as will strengthening down-referral capacity in existing sites. Activities are implemented by the MRC and sub-partners, World Vision and the Foundation for Professional Development (a PEPFAR prime partner).

ACTIVITIES AND EXPECTED RESULTS:

Activities include provider-initiated HIV CT; TB screening by symptoms and sputum investigations; referral to appropriate services such as PMTCT, STI and partner counseling programs; and enrollment of patients in relevant HIV care and treatment programs. Three activities will be implemented:

ACTIVITY 1: Best-Practice Model

The MRC will support implementation of a best-practice model of integrated TB/HIV care in sites providing TB and HIV services. This approach involves: (1) clinical management (CT, ART, management of adverse drug effects, STI management, preventive therapy); (2) nursing care (TB screening, patient education, treatment adherence, HIV prevention); (3) integrated TB/HIV information, education and communication; (4) nutrition intervention; and (5) palliative care and support. Activities include site renovation to meet SA accreditation requirements for ARV rollout, site and supervisory staff training, hiring key personnel, development of patient educational materials, commodities procurement, and establishment of appropriate referral links, including those with governmental ARV sites to ensure continuity of care. MRC will monitor CT practices, strengths and weaknesses of TB/HIV referral systems, human resources and conventional TB treatment outcomes. The MRC will implement ongoing quality assessments through onsite supervision and external quality assurance mechanisms such as checklists. Regular feedback meetings will be held with project staff and Provincial representatives in the relevant programs to identify potential problems and to facilitate corrective action. Stigma around HIV, AIDS and TB is specifically addressed through patient education and targeted interventions such as peer group counseling and advocacy campaigns. Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care, improve access to HIV care by co-infected TB patients, and increase TB case finding among PLHIV. Implementation of lessons learnt in the best-practice approach will facilitate rapid identification of systems and operational needs, and allow for corrective action. Results of this expanded approach to integrated TB/HIV management will facilitate national scale-up of comprehensive programs for dually-infected patients. This activity will strengthen TB services as a point of delivery of ART, by ensuring that human, financial and infrastructure needs for integrated TB/HIV programs are met through equitable allocation of scarce resources and through analyses of cost-effectiveness and cost-benefit. Increased TB case finding in HIV settings is a crucial component of disease control; yet largely lacking in routine health services. In FY 2008 the project will continue to evaluate strategies for active TB case finding in vulnerable populations and assess implications for TB and HIV control programs. PEPFAR funding will also be used to implement an integrated electronic patient information system at the sites to support routine data collection, facilitate patient referral and allow data transfer to the national routine TB recording and reporting system, which is now integrating HIV testing and service data. Lastly, funds will be used to support an International Training Centre (ITC) on multidrug-resistant TB (MDR-TB) and HIV. The ITC's focus will be on human capacity development. TB and MDR-TB infection control in HIV settings and prevention of institutional transmission and outbreaks will be a prime focus area. Training will utilize didactic, interactive adult teaching methods aimed at different health sector groups (clinical, nursing, health facility management, health facility design and maintenance), and will be enriched by mentorship programs and study tours through the SA network of MDR-TB hospitals.

ACTIVITY 2: Community TB/HIV Case Finding and Holding Among Women in PMTCT

This activity will identify pregnant women in the 34 project clusters and provide peer support to each of these households until the infants reach 6 months of age. Community peer supporters will educate households on symptoms of TB, cure rates, and adherence to TB treatment. They will refer household members with TB symptoms to health services for diagnosis. Children under 5 years who are TB contacts will be referred for TB preventive therapy, and HIV-infected mothers will be encouraged to take HIV-exposed infants for CPT, PCR testing and screening for ART. In addition, adherence support for all household members on TB treatment, to pregnant women/mothers taking ART and infants on CPT or ART will be provided. PEPFAR funds will provide stipends to peer supporters and allow for

Activity Narrative: supervision/mentoring of peer supporters and transport to visit mothers in the clusters. Expected results include: recruitment of HIV-infected women, provision of community peer support and referral of TB suspects. MRC's activities contribute to the PEPFAR goals by integrating TB and HIV services and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7662

Related Activity: 14018, 15085, 14019, 14021, 14022, 14023, 14024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22923	2955.22923.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$0
7662	2955.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$2,623,000
2955	2955.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2645	257.06	TB/HIV Project	$1,148,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food	$10,500

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	136	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,865	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	233	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	16,681	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

KwaZulu-Natal

North-West

Eastern Cape

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9626.08

Mechanism: N/A

Prime Partner: Walter Sisulu University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7962.08

Planned Funds: $291,000

Activity System ID: 14051

Activity Narrative: SUMMARY:

The Eastern Cape Regional Training Center (RTC) will use FY 2008 funds in the Eastern Cape to strengthen the capacity of health care workers (HCW), facility managers, social workers, doctors, nurses, lay counselors and community health workers (CHW), including DOT supporters, to deliver quality TB/HIV services. Three teams from RTC will each support a facility and its feeder clinics for a period of four months to initially evaluate the TB/HIV training needs and provide targeted didactic training according to the NTP policies and guidelines, ongoing mentoring and coaching using standardized procedure manuals and tools. NGO facilitators will be trained to implement a level four comprehensive community health worker curriculum incorporating HIV and TB. Primary emphasis will be given to training, quality assurance and supportive performance improvement supervision, and information and reporting systems strengthening at facility level.

BACKGROUND:

RTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and the Walter Sisulu University (WSU) to provide ongoing training for quality improvement in HIV and TB care programs.

The function of RTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health guidelines. RTC has demonstrated and evaluated the HIV, TB and STI best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for HCW to receive practical training. RTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs supporting Eastern Cape hospital/clinic site readiness for accreditation to provide comprehensive HIV care and treatment.

During the past three years ECDOH has introduced a comprehensive program for HIV care. From observations during RTC activities in clinics and communities, more than 70 percent of TB patients are HIV-infected and there seems to be a gap in screening all TB patients for HIV and early identification of TB in HIV patients who are presenting in facilities. Patients present late for care, already with severe complications. No clinical prophylaxis of TB is currently provided. There is limited awareness and skill among the communities to enable early entry into the care system. There are known drug-drug interactions in patients with co-treatment of ARV and TB drugs. There is an opportunity to combine follow-up of TB patients with patients on ARVs at community level.

RTC has been working with ECDOH managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers to increase skills capacity to improve the quality of TB/HIV treatment and support services at facilities and community level.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 RTC will continue to address the following areas: training; local organization capacity development; quality assurance; and supportive Supervision and performance improvement. Funding will be used to enhance the RTC strategy of training preparation of new provincial sites for accreditation as ARV sites and providing clinical mentoring to increased sites. RTC will continue supporting training administration and logistics of a comprehensive care training team allocated to provide dedicated support to three district hospital sites and at least five feeder clinics, for a period of four months, which will then move to the next three sites for the next four months, completing three cycles a year. The intensity of support and Performance Improvement supervision will Increase with introduction of a performance improvement officer, a critical efficiency improvement position in the teams. Information and reporting improvement will be achieved by appointing an information officer, whose primary responsibility will be facility information and reporting systems improvement.

During this period the team will work with and support the facility managers to initially evaluate the TB/HIV palliative care services training needs, adapt standardized protocols and procedures for local facilities, and provide targeted didactic training, ongoing mentoring and coaching using standardized protocols and operating procedure manuals. The activity will address the priority areas of human capacity development, improving skills of a care team including managers, doctors, social workers, health promoters, CHW, DOT supporters and nurses at a facility and its feeder clinics through targeted didactic, case discussions, mentoring and community follow-up of patients with facility staff while considering and reviewing relevant local system issues. Focus will also be given to building patient information and reporting capacity at facilities. This activity is aimed at strengthening the recording and reporting system for TB and TB/HIV at facility level; coaching clinic staff on correct data entry and reporting. Ongoing support will continue through telephone consultations and special need visits after 4 months. RTC will train and mentor 35 facilitators from 7 NGOs who will cascade the training of a comprehensive level four curriculum for community health workers who will be providing community awareness for TB/HIV symptoms and follow-up of both patients for HIV and TB treatment adherence.

RTC will hold three-monthly sessions with three local CBOs at each facility to articulate their role and function in TB treatment services and enhance their knowledge and skills required to function in that role.

The RTC team will develop simplified TB screening algorithms for HIV patients at clinics and support the improved provision of INH prophylaxis, early detection and better management of TB/HIV in clinics. RTC training and mentoring will address the establishment of wellness programs at each facility to encourage community follow-up, nutrition advice, infection control, referrals to clinics and social support at community level. RTC through its M&E function will strengthen records management and reporting in TB/HIV clinics, RTC will continue to piloting the Patient information database management systems at IDC -Mthatha with a view of rolling it out to other partner hospitals and clinics to Improve patient tracking and records management.

RTC training and mentoring will address data collection, maintaining accurate records, feedback and usage through quality improvement cycles to address early presentation, and follow-up and referral of patients on TB treatment.

Activity Narrative:

RTC is an ECDOH initiative based at the Walter Sisulu University and conducts training at public facilities. RTC has and will continue to provide technical assistance to the province through regular meetings and assignments from province managers as well as training for managers.

The PEPFAR funding is helping to establish the program on a firm footing where it can continue with ECDOH funding.

The primary objective of the project is sustainable targeted human capacity development for all health workers. RTC staff will also continue to improve their knowledge and skills by having weekly academic discussions, two internal workshops, attending relevant conferences and ongoing mentoring from another PEPFAR partner, I-TECH.

This activity contributes to the PEPFAR objective of 2-7-10 by increasing the number of people in care and strengthening the linkages between HIV and TB programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7962

Related Activity: 14049, 14050, 14052, 14053, 14054, 13867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22716	7962.22716.09	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9773	9626.09		$194,181
7962	7962.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14049	3034.08	6695	492.08		National Department of Health, South Africa	$0
14050	7961.08	9626	9626.08		Walter Sisulu University	$679,000
13867	12464.08	6637	2808.08	I-TECH	University of Washington	$679,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
14053	3038.08	6695	492.08		National Department of Health, South Africa	$0
14054	3039.08	6695	492.08		National Department of Health, South Africa	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	1,944	False
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	243	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	4,869	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

The RTC team will support human capacity development through mentoring of staff and strengthen down referral in 27 Hospital and a total of 216 feeder clinics across the 3 sites.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	486.08	**Mechanism:**	N/A
Prime Partner:	National Department of Correctional Services, South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	6544.08	**Planned Funds:**	$388,000
Activity System ID:	14037		

Activity Narrative: SUMMARY:

PEPFAR funds will be used by the National Department of Correctional Services (DCS) to train professional nurses in the management of tuberculosis (TB) and patients who are on the antiretroviral treatment (ART) program. The major emphasis of this activity will be training, with minor emphasis on community mobilization and participation; development of network/linkage/referral systems; information, education and communication; linkages with other sectors and initiatives; and local organization capacity development. The populations will include men and women of productive age, people living with HIV (PLHIV) and their caregivers.

BACKGROUND:

This is an initial project. Currently there are about 635 professional nurses in the DCS. This project will train about half of them to provide on-site primary healthcare services in the management of TB and for patients who are on ART. South Africa has a fairly extensive and mobile correctional center population. Overcrowding in Correctional Centers creates ideal conditions for the transmission of communicable diseases such as TB.

ACTIVITY 1: Training of the Professional Nurses in the Management of TB

This is a continuation of the activity as indicated in COP FY 2007. A number of nurses have been trained in the Management of TB. This has improved patient care in the Correctional Centers. Nurses that have not been trained will be included in this training initiative. It is envisaged that the training will lay a firm foundation for improved service delivery and the effective management of tuberculosis in Correctional Centers.

ACTIVITY 2: Appointment of Communicable Disease Control Management Area Coordinators

A need has been identified to appoint 12 Communicable Disease Control Management Area Coordinators on contract. The appointment of the above-mentioned officials will ensure improved Communicable Disease Control. The Communicable Disease Control Coordinator will be responsible for the planning, implementation, monitoring and evaluation of communicable diseases programs and services at a Management Area level. They will also ensure program analysis, formulation and evaluation as well as budgetary management for the program. They will further more liaise with relevant stakeholders at a national, provincial, district and local level. These positions will be absorbed in the DCS establishment to ensure continuation of services and programs.

ACTIVITY 3: TB/HIV Campaigns in Correctional Centers

TB/HIV campaigns will be held in all the 36 Centers of Excellence to raise awareness on the impact that this epidemic has as well as to equip offenders and members with the necessary knowledge. This will add value to the prevention and management of TB and HIV among offenders and members. It is envisaged that the raising of awareness on TB will decrease the level of stigmatization and discrimination as well as to encourage offenders who are on TB treatment to continue and finish their treatment. If offenders can be made aware that having TB does not necessarily means you have HIV as well. Should the offender have TB and HIV he must be made aware that TB is curable although HIV is not. The DOT support program will also be encouraged and offenders will be motivated to have a DOT supporter.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7379

Related Activity: 14035, 14036, 14038, 14039, 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22998	6544.22998.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$0
7379	6544.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$400,000
6544	6544.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14035	3029.08	6691	486.08		National Department of Correctional Services, South Africa	$436,500
14036	3030.08	6691	486.08		National Department of Correctional Services, South Africa	$135,800
14038	3032.08	6691	486.08		National Department of Correctional Services, South Africa	$630,500
14039	4526.08	6691	486.08		National Department of Correctional Services, South Africa	$203,700
14040	3031.08	6691	486.08		National Department of Correctional Services, South Africa	$145,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	60	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	262.08	**Mechanism:**	N/A
Prime Partner:	National Institute for Communicable Diseases	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	12473.08	**Planned Funds:**	$873,000
Activity System ID:	14074		

Activity Narrative: SUMMARY:

Activities will be carried out to strengthen the current TB laboratory infrastructure and capacity under the NHLS with direct support from NICD. With significant increases in MDR and XDR-TB cases within South Africa, and recognizing the limited laboratory capacity to capture and report cases within NHLS and the NTP, there is an immediate need to provide increased access of TB culture and referral services, investigations into creative approaches to increasing laboratory through-put of sputum specimens to meet increased demand, expansion and refinement of information management and dissemination methods of TB diagnostic results, as well as strengthening NHLS ability to improve MDR and XDR-TB reporting and surveillance activities.

BACKGROUND:

NHLS is a public laboratory network that provides services within all 9 provinces. NHLS is composed of close to 300 laboratories located in both rural and urban settings, and provides diagnostic services to almost 85 percent of general population. NHLS is a parastatal organization, with NICD residing within the NHLS organizational structure.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Integrated TB/HIV technologist training program (co support in HLAB)

Funds are requested to respond to technical assistance requests from NHLS to assist in the development of an integrated TB/HIV technologist training program. It is apparent that many of the rural NHLS laboratory staffing needs fall short of the human resource requirements needed to maintain and sustain viable HIV and TB diagnostic services. In light of this shortcoming, NICD/NHLS has proposed an integrated training program that would encompass the needs of understaffed testing sites. The objectives of the training curriculum would address technical HIV testing methodologies and practical hands on training to meet the increased technical demands of HIV testing services, as well as the need to improve TB smear microscopy and AFB culture techniques. The proposed 1 year training curriculum would include didactic sessions, but more importantly on-site laboratory practicums. Funding would be used to assist in curriculum development and technical content review, as well as training implementation and oversight. Efforts will be coordinated with SA Health Care Professionals Association to ensure course accreditation

ACTIVITY 2: Automated NALC decontamination

With the current number of sputum samples submitted for laboratory smear microscopy and culture already at an all time high and continuing to increase, it is recognized that one of the most significant rate determining factors directly impacting laboratory through-put is that of the NALC decontamination process, a labor intensive processes of sputum concentration and decontamination. In order to streamline this process and to increase overall laboratory through-put of sputum specimens to meet the increased demand and lack of available staff to process such specimens, alternate or automated measures should be investigated. Currently, NICD has vested time in investigating possible automated methods that could significantly reduce and provide standardized decontamination processes. The currently proposed funds would be used, in partnership and through co-funding with NHLS, for the development of automated NALC decontamination instrumentation and technologies.

ACTIVITY 3: Expansion and refinement of information management processes

Information management and dissemination of TB/HIV diagnostic results is a continuing issue that needs to be addressed. Current laboratory reporting mechanisms, as well as patient enrollment systems into DOTS treatment programs need IT support and information bridges that currently do not exist. Currently, NICD has vested time in investigating logistic support mechanism for strengthening the current system. A draft proposal has been submitted by LTS, an engineering firm within South Africa, to address this problem. The currently proposed system will utilize biometric enrollment systems as confirmation of patient identification and incorporates the existing NHLS data warehouse as a source of laboratory information that can be used to increase the efficacy and use of the existing systems for diagnostic and treatment purposes. CDC proposes a modular approach to address the overarching system needs. The currently proposed funds would be used, in partnership and through co-funding with NHLS, for the development of modular logistical and information management support systems as a means to address the current integration issues associated with the existing system.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12473

Related Activity: 14073, 14075, 14076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22857	12473.22857.09	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	9807	262.09		$0
12473	12473.07	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	4398	262.07	CDC GHAI	$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14073	6424.08	6700	262.08		National Institute for Communicable Diseases	$582,000
14075	2959.08	6700	262.08		National Institute for Communicable Diseases	$2,885,750
14076	2958.08	6700	262.08		National Institute for Communicable Diseases	$3,835,438

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Activities will be carried out to strengthen the current TB laboratory infrastructure and capacity under the NHLS with direct support from NICD. This will contribute to the national indirect target of providing TB treatment for HIV-infected individuals.

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	500.08	**Mechanism:**	CDC Support - with CARE UGM
Prime Partner:	National Department of Health, South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3045.08	**Planned Funds:**	$3,654,550
Activity System ID:	14059		

Activity Narrative: SUMMARY:

Tuberculosis (TB) is the leading cause of death among people living with HIV/AIDS, and addressing TB/HIV is an important part of meeting the Emergency Plan 2-7-10 goals. CDC/PEPFAR carries out additional activities to strengthen and enhance TB/HIV activities in support of the South Africa National Department of Health (NDOH). Activities supported with these funds focus on TB/HIV program and laboratory support.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance

CDC staff will provide technical assistance to the NDOH and related organizations regarding TB/HIV program and laboratory activities. Staff needs consist of one CDC direct-hire, 2 locally-employed staff (TB/HIV clinical coordinator and TB/HIV monitoring and evaluation advisor), 2 contractors (TBHIV laboratory officer and TB/HIV laboratory training advisor).

ACTIVITY 2: TB/HIV Surveillance

The ETR.Net is the software application conceived and managed by the NDOH National TB Control Program (NTCP) and reflects program-defined needs and inputs. This has been developed by WamTechnology CC, a South African private information technology firm. WamTechnology works with CDC South Africa and the NTCP to develop software and provide support for the ETR.Net. This software has been modified to track HIV testing and care services among TB patients. The TB/HIV module will be fully implemented during FY 2008. Expected results include strengthening of TB/HIV recording and reporting system to include patient-level data collection on TB/HIV (TB patients counseled and tested for HIV, started on cotrimoxazole (CTX), referred for HIV care and starting antiretroviral treatment (ART). This will in turn be used to bolster referral systems between services leading to more comprehensive care for TB/HIV patients.

ACTIVITY 3: MDR/XDR reporting

Funds will be used to improve reporting and surveillance systems for drug-resistant TB cases. In collaboration with the NDOH, funds will be used to expand the number of users using a web-based system to improve the management and reporting of MDR and XDR-TB cases, data mining activities, and surveillance analysis of drug-resistant TB cases. Data linkages with the laboratory information management systems within the National Health Laboratory Services will be expanded.

ACTIVITY 4: Infection Control

In collaboration with the NDOH, funds will support the implementation of a national TB infection control plan including a national training agenda, standardized training materials, involvement of other partners (universities, research centers) to accelerate provision of trainings within South Africa. Expansion of activities will also support expansion of an infection control warmline and/or technical assistance unit for ongoing technical assistance requests from provinces and partners.

ACTIVITY 5: TB/HIV Pediatric clinical management

In collaboration and with support from the NDOH, funds will be used to develop a standardized pediatric TB/HIV clinical management training course materials reflecting SA NDOH and WHO guidelines, initiate efforts to provide access to training via online services, and to implement a warmline consultation service to provide pediatric TBHIV clinical management guidance to providers.

ACTIVITY 6: TB/HIV integration

In collaboration with the NDOH, expand implementation of field-based DOT program in 4 districts with high default rates. Efforts would include treatment monitoring in addition to patient tracking and management using Community health care workers. Project would be evaluated and compared to other DOT models.

ACTIVITY 7: MDR/TB/HIV clinical management

In collaboration and with support from the NDOH, funds will be used to expand efforts to provide access to MDR/TB/HIV clinical management training, and continued support for a warmline consultation service to provide MDR/XDR/TB/HIV clinical management guidance to providers.

ACTIVITY 8: TB/HIV Strategic Plan

Funds will be used to support the implementation and monitoring of the TB/HIV strategic plan for South Africa PEPFAR partners.

ACTIVITY 9: TB/HIV Laboratory Quality Assurance

In collaboration with the National Health Laboratory System (NHLS) and the National Institute of Communicable Diseases (NICD), funds will be used to strengthening quality assurance measures among laboratories and to strengthening existing and initiating new External Quality Assurance (EQA) programs related to HIV and TB diagnostics. Activities will support measures to strengthen reviews, measuring clinical performance, reporting indicators, and disseminating performance reviews for action.

ACTIVITY 10: TB/HIV Regional Laboratory Training Center (RLTC)

With the availability of significant HIV and TB technical and scientific resources within South Africa, NICD and NHLS are both well placed to continue to provide regional laboratory support within Sub-Saharan Africa in these areas. Funds will be used, in collaboration with NICD and NHLS to expand and strengthen existing TB and HIV regional support mechanisms and enhance further collaboration with other PEPFAR-funded countries through the established RLTC. Regional support will include TB and HIV related laboratory services and training initiatives.

Activity Narrative:

ACTIVITY 11: TB/HIV Laboratory capacity

In collaboration and with support from the NDOH, PDOH, NHLS, and NICD, funds will be used to increase the national coverage of HIV and TB diagnostics and treatment monitoring capabilities. Efforts will also include strengthening laboratory reporting systems and specimen transport needs in support of rural clinics and laboratories. Efforts will focus to address existing gaps in laboratory testing outreach and penetration.

ACTIVITY 12. Laboratory Policy Standards

In collaboration and with support from the NDOH, PDOH, NHLS, NICD, National Institute of Occupational Health (NIOH), South African National Accreditation System (SANAS), and the Medical Research Council (MRC), funds will be used to encourage and support the development and implementation of a South African National Laboratory Strategy Plan. The plan will provide the vehicle for establishing minimum standards and/or requirements for any laboratory (public/private) that performs tests on human specimens and certify through issuance of a certificate those laboratories that meet the certificate requirements. Efforts will also attempt to synchronize infection control standards and policies across all TB/HIV laboratories.

ACTIVITY 13: New TB/HIV Automation and Technologies

In collaboration and with support from the NHLS and NICD through co-funding, funds will be used to assess existing, validate, and implement new automated laboratory diagnostic equipment and high capacity instrumentation for TB and HIV. Activities will be carried out to increase laboratory through-put for infant PCR, viral load, and TB diagnostics to meet increased demand, as well as strengthening NHLS's ability to improve diagnostic, reporting and surveillance activities in relation to TB and HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7365

Related Activity: 14057, 14058, 14068, 14069, 14063, 14071, 14060, 14062

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22849	3045.22849.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$2,569,548
7365	3045.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$2,040,000
3045	3045.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	240,000	False
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

USG staff support the national TB program to improve integration of TB/HIV services and increase TB treatment uptake. PEPFAR funds also support the TB surveillance system.

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 588.08
Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7856.08
Planned Funds: $407,400
Activity System ID: 14003

Activity Narrative: SUMMARY:

MSH has been awarded the RPM Plus follow-on: Strengthening Pharmaceutical Systems (SPS), therefore all RPM Plus activities for FY 2008 will be undertaken by SPS. SPS will assist the National Department of Health TB sub-directorate to strengthen drug supply management for TB and more specifically the management of TB patient on ARVs by training health workers supporting the TB program on clinical pharmacology related to TB/HIV coinfection, and improving infection control, adherence monitoring, adverse drug-event reporting, medication errors and referral system(s) at selected government institutions (hospitals, community health centers, primary health care clinics). SPS will also train pharmacists on estimating requirements for ARV and TB medicines. The major area of emphasis include training and task shifting, as pharmacists and pharmacist assistants will take on greater roles in TB/HIV care.

BACKGROUND:

RPM Plus has been working very closely with the National Department of Health Pharmaceutical Policy and Planning Directorate since 2004 to support the delivery of pharmaceutical services at all levels (national, provincial, district, institutional). This included training TB provincial coordinators (and pharmacists) on Drug Supply Management for TB in collaboration with the National TB sub-directorate. The coexistence of TB and HIV infections has made the treatment of patients on ARVs more complex and health personnel need to be trained to manage it. Moreover, a national plan has been developed to address what has been described as the "TB Crisis," making TB and HIV management a priority. The smear negative rate at the end of treatment in South Africa, 51%, remains well below the WHO target of 85%. These smear positive patients remain infective and continue to spread TB; people infected with HIV are particularly vulnerable to acquiring TB. It therefore follows that against the background of the high HIV prevalence rate in South Africa it is important to reduce the infectious reservoirs within the community. Currently only 63% of patients complete their course of treatment and the South African Medical Research Council estimates that 6.7% of previously treated patients are resistant. The financial burden of multidrug-resistant TB (MDR-TB) is considerable -- the usual course of treatment costs approximately $60 while that of MDR is approximately $3,500. In addition the social impact is considerable as these patients are hospitalized in isolation facilities for long periods of time. Recently extensively drug-resistant (XDR-TB) has been identified in South Africa which requires highly specialized treatment facilities and medicines. In December 2005, RPM Plus published the "Managing Pharmaceuticals and Commodities for Tuberculosis; A Guide for National Tuberculosis Programs". This publication was shared with the National TB sub-directorate and they have expressed interest in using these guidelines to support their own program. All these activities will be conducted in close collaboration with the directorates dealing with TB, HIV and AIDS and Quality Assurance at the National level. The Department of Correctional Services and local governments have requested support from SPS to strengthen the role of pharmacy personnel in supporting the TB program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Drug Supply Management for TB

RPM Plus has experience with ARV supply management in South Africa. As other projects are involved in the actual patient care and medication administration, SPS will assure that the medications are where they need to be and tracked appropriately. SPS will perform a similar function in the TB/HIV program area. In FY 2007 RPM Plus adapted the Drug Supply Management for TB training material they developed to include topics related to the treatment of TB patients on ART. The training program covers clinical pharmacology principles and other relevant issues such as: drug-to-drug interactions between Rifampicin and different classes of ARVs; immune reconstitution inflammatory syndrome (IRIS); rationale for changing ART regimen in the presence of TB; assessment of tolerance to TB drugs; increased toxicity; adherence to both ARV and TB treatment; and counseling. One National and nine provincial workshops will be conducted for doctors, pharmacists, and nurses involved in the management and implementation of the National TB program. The integrated computerized drug supply management system developed by RPM Plus (RxSolution) will be implemented at selected TB hospitals. The implementation of this system will assist these institutions in providing data for the National TB indicators; this will also assist in validating the data captured on the National Electronic TB Register (ETR) for these facilities and provide detailed information on patient treatment. This activity will assist with the overall monitoring and evaluation of the TB program.

ACTIVITY 2: Adherence to Treatment and Rational Use of Medicines

SPS will directly assist selected institutions that are providing TB treatment to implement adherence monitoring systems for TB patients on ARVs. This will include recognition, treatment and reporting of adverse drug events (ADR) and medication errors reporting, and quality improvement strategy. The institutions will be selected in consultation with provincial DOH, and will most likely be located in Eastern Cape, KwaZulu-Natal, and Gauteng – priority provinces in the National TB Crisis Plan. SPS will also strengthen the referral system for TB patients to access ARVs. SPS will provide assistance to the Eastern Cape and Mpumalanga provincial Departments of Health to develop and pilot a standardized adherence package for TB patients. The ARV adherence assessment tool recently developed by RPM Plus will be adapted by SPS for use in TB patients by both the patient as well as the treatment supporter. Training will be provided to staff in the application of the adherence package for MDR and XDR-TB patients. Finally technical support will be provided to the MDR-TB facilities in order to improve referral mechanisms, comply with regulatory requirement pertaining to XDR treatments, reporting and quality improvement of medication errors and the reporting and management of adverse drug events. In 2006 RPM Plus medication error surveillance systems identified an ongoing trend of prescribing errors in hospitalized TB patients. In order to further define the required rational prescribing interventions, Drug Utilization Reviews (DUR) will be conducted at selected sites. The findings will then be used in the planning and execution of a TB rational prescribing intervention at the hospital level. This is significant because an increasing number of patients who are HIV-infected require initiation of TB treatment at the hospital level. The piloting of the DUR tool has revealed deficiencies in the pharmacy discharge procedures and patients are sent home with treatment without the necessary referral to DOTS. SPS will develop guidelines to improve referral to DOTS supporter. In the Eastern Cape SPS will use the Medicines Information center at Rhodes university to provide patient and prescribing information for MDR and XDR-TB medications. Furthermore this service will provide support to pharmacists and prescribers in assessing drug interactions. SPS will be training pharmacy personnel (and other health workers) on the management of both TB and HIV/AIDS (see ARV Services) to

Activity Narrative: support the national effort in integrating TB and HIV programs within the national health services.

ACTIVITY 3: Quantification

The management of TB in HIV-infected patients is critical since TB is the number one opportunistic infection and the leading cause of death for HIV-infected clients - making the availability of TB medicines critical. SPS will train provincial and district pharmacists in the use of morbidity-based quantification models for the quantification of TB medicines using TB National Standard Treatment Guidelines (STGs). Pharmacists will be trained. This activity will also assist in monitoring prescription trends against National TB STGs.

ACTIVITY 4: TB/HIV Infection Control

TB infection control, given the high burden of HIV co-morbidity, has been identified as a critical area needing support. RPM Plus has developed an Infection Control Assessment Tool (ICAT) which will be used to assess infection control practices in these settings. SPS will train health workers on implementing TB infection control measures and procedures at facilities where TB/HIV services are provided. As a follow-up an Infection Control improvement plan will be developed to address gaps identified using the ICAT. Opportunities to work with other PEPFAR partners will be explored. This is done in collaboration with the National Department for Quality Assurance.

All these activities contribute to the PEPFAR 2-7-10 goals by improving the treatment of patients with TB and HIV infection and supporting the national effort in dealing with the “TB crisis”.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7856

Related Activity: 14002, 14004, 14005, 13998

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23105	7856.23105.09	U.S. Agency for International Development	Management Sciences for Health	9901	588.09	Strengthening Pharmaceutical Systems	$485,452
7856	7856.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14002	7854.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$349,200
14004	3087.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000
14005	3088.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	240,000	False
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	450	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

By training 50 health workers (pharmacy personnel and nurses) to support TB/HIV services; SPS will indirectly strengthen service delivery for the overall TB program in the provinces. In addition, SPS will be supporting the TB program on clinical pharmacology related to TB/HIV coinfection, and improving adherence monitoring, adverse drug-event reporting, medication errors and referral system(s) at selected government institutions (hospitals, community health centers, primary health care clinics). Quantification will also indirectly support all patients enrolled in the national TB treatment program.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16335.08

Planned Funds: $0

Activity System ID: 16335

Activity Narrative: Title: Patient Outcomes and Management Practices: A Comparison of Proposed 2006 WHO Guidelines for the Diagnosis of Smear-Negative Pulmonary Tuberculosis against Current Practice in KwaZulu-Natal, South Africa

Timeline and money: After appropriate approvals of the evaluation (still ongoing), the evaluation will last approximately 12 months: one month of staff training; six months of data collection; two months of patient follow-up for each patient cohort (to occur simultaneously with patient enrollment, when applicable); and three months of data close-out, analysis and reporting. Total budget: no cost extension.

Local Co-investigator: Dr. Douglas Ross, Edendale Hospital, Pietermaritzburg, KZN, South Africa and Local in-country implementing partner (to be named)

Project Description: Local implementing partner (to be named), in collaboration with three healthcare facilities in KwaZulu-Natal Province (Edendale Hospital (Pietermaritzburg), McCord Hospital (Durban) and St. Mary's Hospital (Mariannhill)), will continue to conduct an observational evaluation to assess the diagnostic utility of the newly proposed WHO guidelines for the diagnosis of smear-negative TB among hospitalized, seriously-ill adult TB suspects with HIV infection. Specific patient and clinical management outcomes among patients managed using the WHO algorithm will be compared to these same outcomes among hospitalized, seriously-ill TB suspects managed with current practices at each collaborating facility.

Evaluation Question: Through this evaluation the partner will attempt to answer the following study questions in regards to patients managed using current medical practices vs. the proposed 2006 WHO algorithm:

1.Is there a significant difference in the proportion of patients surviving to completion (i.e., report of final results) of diagnostic evaluation?

2.Is there a significant difference in the proportion of patients discharged from the hospital due to medical improvement at 3 weeks after admission?

3.Is there a significant difference in the proportion of patients for whom the diagnosis of SNPTB agrees with blood and/or sputum Mycobacterium tuberculosis (MTB) culture results (i.e., algorithm sensitivity and specificity)?

4.Compared with current practices at each hospital, is the 2006 WHO algorithm more, less, or equally acceptable to healthcare providers and staff in regards to perceived time, human resource and material resource requirements (to be assessed via surveys)?

We will conduct an observational evaluation to assess the diagnostic utility of the WHO SNPTB guidelines proposed in 2006 among hospitalized, seriously-ill adult TB suspects with HIV infection. Seriously-ill HIV infected TB patients are a medically vulnerable population in whom the timing and sequence of clinical management decisions are particularly critical to patient survival. Additionally, hospitalized seriously-ill patients are an accessible group whose clinical management is more easily controllable compared to non-hospitalized patients. By assessing seriously-ill TB suspects the partner hopes to yield information that will improve the survival rates of this population.

Programmatic Importance/Anticipated Outcomes: The knowledge generated from this assessment will be used by the provincial and national TB programs, and potentially by other local organizations, to support decisions on the implementation of new international recommendations. Hopefully, this knowledge will also result in increased survival rates among seriously-ill, HIV-infected persons with suspected, and confirmed, TB.

Methodology: This evaluation will involve seriously-ill adult TB suspects with HIV infection. One cohort will be patients managed using the proposed WHO algorithm, and the second cohort will be patients managed with current hospital practices. All study participants will be identified from the inpatient services of the participating facilities. Healthcare facilities routinely collect standard data about patients. The extent of such routine data collection varies depending on facility and provider practice. Separate study-specific forms will be used to collect data about the patient's demographic features, recent clinical history, past medical history, and specific laboratory and diagnostic test results (e.g., sputum AFB smear, sputum and blood mycobacterial culture, chest radiograph, CD4 T-lymphocyte cell count) relevant to TB disease and HIV infection. Data elements will be collected using three, newly-created, study-specific forms that will be managed by the evaluation's data extractors and project coordinator.

Population of Interest: The partner will enroll study participants who have received a diagnosis of HIV infection within 60 days of current admission. They will identify study subjects from three hospitals in KwaZulu-Natal (KZN), a province in the southeastern portion of South Africa that includes the city of Durban, South Africa's second largest city. In KZN the estimated HIV prevalence in pregnant women was 40.7% in 2004- the highest of all of South Africa's provinces.

Budget Justification: The bulk of the evaluation's cost will be for the requisition of human resource/staffing and laboratory support. Additional costs will be needed for the use of printing and photocopying services (for data collection elements) and staff travel, between facilities. Evaluation-specific personnel will be required to collect data from patient records, as well as to coordinate evaluation procedures from within South Africa. Budget estimates include salary and transportation support for these staff members. Both blood and sputum mycobacterial cultures will be obtained as part of this evaluation. Blood mycobacterial cultures, in particular, require processing at private laboratory facilities, at considerable expense, per specimen.

Information Dissemination Plan: The evaluation will be conducted with cooperation from the National Department of Health and the Provincial TB Programme as well as the National Health Laboratory Service. Results will be disseminated to the selected sites, the province, and the national TB programme via a report and presentations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16338.08

Planned Funds: $0

Activity System ID: 16338

Activity Narrative: Title: Enhancing Diagnosis of Multidrug-resistant Tuberculosis in HIV-infected Patients
Time and Money: This project was approved in COP07 but has not yet begun. Evaluation sites are still being chosen. After logistical arrangements have been made and the appropriate protocol clearances have been obtained, the evaluation is expected to be completed in a 6 month time period. Total estimated budget: no cost extension
Local Co-investigator: Local in-country implementing partner (To be determined)
Project Description: Study will evaluate the implementation of enhanced diagnostic techniques to diagnose multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) in HIV-infected TB patients. In selected sites in a high-HIV prevalence setting, all HIV-infected and un-infected TB patients will undergo early culture and drug susceptibility testing (DST) at diagnosis to enable earlier detection of MDR-TB and XDR-TB in the initiation of anti-tuberculosis therapy. Expands upon TB program policy of performing culture and DST in patients who are smear-positive after two months of TB treatment, are re-treatment patients, or are high-risk contacts of other MDR-TB patients.
Evaluation Question: MDR-TB is more difficult and costly to treat, and MDR-TB patients have worse outcomes than patients with drug-susceptible TB. The association between MDR-TB and HIV is unclear, but a recent study in KwaZulu-Natal has found a higher prevalence of MDR-TB than previously recognized. In addition, this study found that all patients enrolled with resistance to isoniazid, rifampin, as well as kanamycin and ofloxacin (XDR-TB) were HIV-infected. There was significant evidence of nosocomial MDR-TB transmission occurring in the study site. As HIV-infected individuals often have weakened immunity, nosocomial transmission of TB is of increased concern for this population. The proposed evaluation intends to examine the number of MDR-TB cases diagnosed at the start of TB treatment in HIV-infected TB patients as compared with HIV-uninfected TB patients.
Programmatic Importance/Anticipated Outcomes: Results will be used to describe the rates of MDR-TB and XDR-TB in selected study sites, implement infection control guidelines in the evaluated facilities, and make recommendations for diagnosis and treatment of MDR-TB and control of nosocomial transmission of TB and MDR-TB in high HIV prevalence settings. In addition, the evaluation will strengthen the networks between the study sites and the laboratory.
Methods: The partner proposes to conduct this evaluation in 2 sites in South Africa. The chosen sites will, as a prerequisite, be conducting provider-initiated HIV counseling and testing, and as such, most of the study population will know their HIV status. Sputum samples will be collected from all TB suspects and newly diagnosed (according to South Africa national guidelines) TB patients from January-March 2008. Sputum specimens will be cultured and DST against first-line drugs will be performed for all study participants at diagnosis to determine resistance patterns and the proper treatment regimen. Isolates found to be resistant to isoniazid and rifampicin will be sent for drug susceptibility testing against second-line drugs.
For those patients found to have MDR-TB at diagnosis, an individualized treatment regimen will be designed and best practices for MDR-TB treatment will be followed. In addition, each subsequent sputum sample for MDR-TB patients will be cultured (every other month as required by WHO guidelines). All lab services will be performed at an NHLS laboratory. A data abstraction form will be developed to collect pertinent demographic information and to record laboratory results. In addition, current infection control practices will be assessed in each site
Population of Interest:
HIV-infected TB suspects and newly diagnosed TB patients
HIV-negative TB suspects and newly diagnosed TB patients
As this project is intended to be a demonstration of the use of enhanced diagnostic techniques to identify cases of MDR-TB in a high-HIV prevalence setting at the time of TB diagnosis, a sample size will not be calculated. The partner is applying appropriate diagnostic techniques for diagnosing TB in a population with a high rate of HIV infection, with the express purpose of MDR-TB case finding. All eligible patients will be enrolled in the study during the 3-month timeframe.
Information Dissemination Plan: The evaluation will be conducted with cooperation from the National Department of Health and the Provincial TB Program, as well as NHLS. Results will be disseminated to the selected sites, the province, and the national TB program via a report and presentations.
Budget: This submission is a no-cost extension of 2007 funds. The total budget is 100,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 16340.08

Planned Funds: $0

Activity System ID: 16340

Activity Narrative: Title: Improved HIV Screening among Pediatric TB Patients (< 18 years old) in Community Health Care Centers
Time and Money: Initial planning for this COP07 approved project has recently begun. After logistical arrangements have been made and the appropriate protocol clearances have been obtained, the evaluation is expected to be completed in a 6 month time period. The proposed start date for project is Jan 2008. Total estimated budget: no cost extension from COP07
Local Co-investigator: Nulda Beyers, Desmond Tutu TB Research Center, Stellenbosch University, Cape Town, South Africa
Project Description: Estimates of HIV-1 coinfection among children with TB in Africa vary from 13% to 70%. Given the high prevalence of HIV in South Africa and the high morbidity and mortality associated with TB coinfection, earlier identification and treatment of HIV in children with TB will lead to improved outcomes. This project will evaluate current HIV screening and referral activities in community health care centers caring for pediatric (<18 yo) TB patients. The partner will assess the proximity, availability, and accessibility of HIV counseling and testing facilities for pediatric TB patients as well as frequency of counseling and testing. They will also evaluate perceptions of pediatric patients (as appropriate for age) and their caregivers/families as well as those of healthcare workers regarding acceptability, availability and interest in HIV testing.
Evaluation Question: This project will evaluate current HIV screening and referral activities in community health care centers caring for pediatric (<18 yo) TB patients. The partner will assess and improve the proximity, availability, and accessibility of HIV counseling and testing facilities for pediatric TB patients as well as frequency of counseling and testing.
Programmatic Importance/Anticipated Outcomes: This project will result in improved surveillance of HIV among children with TB and a better understanding of potential barriers and opportunities to identifying HIV coinfection in children with TB that will inform strategies to improve HIV counseling and testing, treatment, and care in this vulnerable, often overlooked population.
Methods: Evaluation will include both quantitative and qualitative components. Quantitative components will include a) analysis of pediatric/adolescent data collected by the Zamstar project - both before and after implementation of new policy of HIV testing for pediatric TB patients (eg. 4th quarter 2006 and 4th quarter 2007), and b) folder (medical record) review to determine where HIV testing done.
The qualitative component will include key informant interviews and/or focus groups (parents/caregivers, adolescents, healthcare workers (eg. nurses, doctors, TB program staff, VCT staff)) at a subset of clinics.
Population of Interest:
Ages included in this study will be less than 18 year old TB patients with analysis/reporting, at a minimum, done by WHO age categories of 0-4yrs and 5-14yrs plus 15-17yrs. In addition, a sample of healthcare workers from each clinic will be interviewed.
Information Dissemination Plan: The evaluation will be conducted with cooperation from the National Department of Health and the Provincial TB Program, as well as Desmond Tutu Research Center. Results will be disseminated to the selected sites, the province, and the national TB program via a report and presentations.
Budget: This submission is a no-cost extension of 2007 funds. The total budget is 75,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 255.08

Mechanism: TASC2: Intergrated Primary Health Care Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 7666.08

Planned Funds: $533,500

Activity System ID: 16858

Activity Narrative: SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH and respective PDOH will support the provision of basic care and support to those who have tested positive in 80 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). IPHC project supports the mission of the South African Government -National Department of Health (NDOH) in the prevention of the spread of HIV, STI and TB infections as well as the mitigation of the impact of dual infection of HIV and AIDS and TB epidemic in the country. The target population will be men and women (of reproductive age), family planning clients, pregnant women (including HIV-infected women), PLHIV, HIV and AIDS-affected families, caregivers of OVC and PLHIV, and nurses and other health care workers. The emphasis area for this activity is human capacity development through training.

BACKGROUND:

This activity is a continuation of FY 2007. IPHC project will be guided by the NDOH Comprehensive Plan for HIV and AIDS and the National TB Crisis Plan to improvement of quality in HIV and AIDS, STI and TB (HAST) collaborative activities by ensuring compliance to TB/HIV policies and guidelines One of the major challenges currently is the collection of quality data to monitor implementation of TB/HIV collaborative activities. IPHC will support districts to develop and strengthen HAST committees by training the committees to conduct regular reviews of the HAST program to monitor progress towards targets., To improve flow of data and capturing of this to ensure accurate reporting of activities, IPHC will assist provinces and districts by training health care workers on the TB Recording and Reporting Systems including data management. Screening for TB in HIV-infected and offering VCT to TB clients will be intensified to ensure that the number of TB clients who are tested is increased. IPHC will support the eight districts in the 5 provinces in improving the TB management by training the supervisors to support the TB/HIV and AIDS programs. This will provide in-depth reviews and identify gaps that can be addressed to improve the quality of care. The IPHC project will partner with TASC-II TB Project in implementing these activities.

Community awareness strategies form one of the pillars of the National TB Crisis management plan. To improve compliance to TB treatment and improve treatment outcomes. IPHC will work with health care workers and NGOs in the 5 provinces to intensify strategies to improve patient adherence to treatment. With the lessons learnt from the ARV Programs, DOT Supporters, Lay Counselors and other community-based organizations will be trained on adherence counseling.

Patient follow up is a challenge in many parts of the country especially in rural settings. Systems currently in place are not well structured to ensure continuity of care. (not sure what to suggest here but need to talk of strengthening follow up systems maybe develop patient recall system, work on back referral processes, but for MDR patients, IPHC is working on a system where there will be a central register, patients have to go back to the center monthly through province making the arrangements for this. There are also issues around the implementation of an infection control policy and TASC TB has worked with the NTCP in developing infection control guidelines)

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

In FY 2008, IPHC will train 500 health care providers in 8 districts on TB diagnosis, HIV counseling and testing of TB clients, treatment and adherence to treatment by PLHIV with active, screening for TB symptoms in all PLHIV. IPHC will strengthen DOTS at the community level by monitoring treatment compliance and contact tracing. IPHC will ensure that TB screening and treatment is initiated at primary health care facilities. The continuity of care provided through the DOTS program will be strengthened by ensuring the availability of treatment regimens at facility levels. IPHC will provide HIV, AIDS and TB clinical management training to health care workers using the national treatment guidelines and the treatment care and support policy of the NDOH.

ACTIVITY 2: Integrating Services

Integration of services through the HAST committees will be strengthened with DOT supporters' full participation as members of HAST committees. IPHC will monitor the attendance registers from the meetings to ensure there is consistent participation from DOT supporters. IPHC will ensure that TB and HIV and AIDS programs are not stand alone services but are fully integrated with other Primary Health Care (PHC) services. Working with managers and supervisors at primary, secondary and tertiary level, IPHC project will strengthen the referral system to ensure continuity of care. Tangible networks will be established between DOT supporters and community home-based care (CHBC) so as to facilitate enhanced community healthcare and referral.

ACTIVITY 3: Human Capacity Development

Human capacity development of professional and non-professional staff will be a focal area to ensure professionals and non-professionals are kept up to date on recognizing and detecting drug interactions and improving record keeping of all TB clients. Since every TB client has to be tested for HIV, record keeping is critical in monitoring the status of each client. Training and on-site mentoring will be provided to facilitate rapid scaling-up of HIV counseling and testing (CT) of TB clients and also to encourage sustainability of these activities. The quality of the TB management will be monitored on fortnight basis to ensure that the clients continue with their TB treatment and are tested, and if positive, monitored so they can access ARVs. IPHC will provide supportive follow up to ensure that the health providers are implementing the NDOH TB Policy and referring TB clients for HIV counseling and testing. IPHC will also strengthen supervision of facilities through training of supervisors on TB/HIV program management, and support district and facility-level supervisors through regular “program indicators monitoring” meetings

FY 08 COP activities will be expanded to include:

Activity Narrative: -IPHC will conduct in-depth programs review and training on TB data management at the facility
-Closely monitor the TB program indicators and progress towards outcomes (register for case finding, treatment interrupters, treatment failure rates)
-Monitor sputum collection intervals and turn around time
-Increase HIV screening for all TB clients
-Increase the number of TB clients who receive cotrimoxazole prophylaxis

This activity will be achieved by using the In-Depth TB review tool from the Clinic Supervisors Manual. The reviews help to identify quality management gaps e.g. availability of equipment, like sputum jars, adherence to Guidelines, protocols that need to be followed to ensure that the TB program is well managed. Improved recording will result in identifying drop outs and TB defaulters. Linking with home-based carers and Directly Observed Treatment Supporters (DOT Supporters), IPHC will decrease defaulter rates. This will be achieved by training the health professionals and the DOT supporters on adherence counseling. One of the strategies, currently used by IPHC, is to facilitate quarterly district reviews of TB data, where all the TB data is reviewed by the district team. Team members learn from each other the strategies for improving the program, with the support of the IPHC project.

IPHC activities contribute to the PEPFAR goal of providing care to 10 million HIV-affected people. In addition, these IPHC activities will address the priority area of increased linkages between TB/HIV services and health systems networks from the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7666

Related Activity: 13996, 13997, 13998, 13999, 14000, 14001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23101	7666.23101.09	U.S. Agency for International Development	Management Sciences for Health	9900	255.09	TASC2: Intergrated Primary Health Care Project	$0
7666	7666.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13996	2952.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$194,000
13997	2949.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$794,250
13999	2950.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$400,000
14000	2951.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$339,500
14001	2948.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$588,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	350	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	8,000	False

Indirect Targets

IPHC will indirectly support the overall TB program in the allocated health districts by training health workers (lay and professionals). The project will also provide on-going mentoring and coaching to professionals at provincial level.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	190.08	**Mechanism:**	N/A
Prime Partner:	Aurum Health Research	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	19451.08	**Planned Funds:**	$109,000
Activity System ID:	19451		

Activity Narrative: Title of study:
A preliminary study of screening for tuberculosis in a South Africa Correctional Facility

Expected timeframe:
June 2007 – June 2009 (Please note that this timeline is already delayed as the protocol development has not been completed)

June 2007 – December 2007: Protocol development; Submission for ethical approval; Development of participant information sheet and data collection forms

January 2008 – March 2008: Sourcing screening tools (sputum microscopy, culture and drug susceptibility testing, CXR, urine test for HIV and LAM testing); Translation of all forms into relevant languages; Piloting of all relevant forms; Design of database; Appointment of research nurses; Training of research nurses; TB awareness campaigns within the correctional facility

April 2008 – December 2008: Recruitment of participants; Follow up of participants

January 2009 – May 2009: Finish follow up of participants; Begin write up of papers; Analysis of initial data

May 2009 – June 2009: Finish analysis of data; Finish write up of report; Dissemination of results

Total Projected Budget: $109,000

Local Co-Investigators:

Aurum Institute for Health Research:
a) Dr. Lilanganee Telisinghe: Study design, study management, data analysis, report writing
b) Dr. Mikateko Shisana: Study design, study management, negotiation with relevant authorities, data analysis, report writing
c) Dr. Salome Charalambous: Study design, advice on study implementation, data analysis, report writing, managerial oversight and support at the site
d) Professor Gavin Churchyard: Study design, advice on study implementation

Chris Hani Baragwanath Hospital:
a) Dr. Alan Karstaedt: Study design, advice on study implementation

Department of Correctional Services:
a) Dr. Gladys Nthageni: Study design, advice and assistance with implementation and support at the site
b) Dr. David Mathabathe: Study design, advice and assistance with implementation, support at the site and liaison with prison authorities

London School of Hygiene & Tropical Medicine:
a) Dr. Alison Grant: Study design, advice on study implementation, data analysis, and report writing
b) Dr. Katherine Fielding: Study design, advice on study implementation, data analysis, and report writing

Project Description:
Correctional facilities provide a unique environment for the spread of tuberculosis. Currently in South African correctional facilities, all new enrollees are seen by the medical team and screened for tuberculosis using past history and current symptoms. We propose to actively screen a representative population of the Johannesburg correctional facility, and we will also be offering screening to the staff, to determine the prevalence of tuberculosis, among the offenders, and the staff. This will give a more accurate picture of the burden of the disease and aid the control program by demonstrating how best to use new and existing screening tools.

Evaluation questions:
Primary objective: Determine the prevalence of active tuberculosis among offenders in the Johannesburg correctional facility in South Africa.

Secondary objectives:
a) Determine the proportion of prevalent TB that is undiagnosed
b) Comparing screening methods (symptoms, CXR, sputum microscopy, sputum culture and the new urine LAM – Mycobacterial Lipoarabinomannan testing) to determine the optimal screening tool for active TB among offenders
c) Investigate risk factors for prevalent TB, including HIV infection
d) Explore the prevalence of drug resistant TB
e) Explore the prevalence of TB among correctional facility staff that have volunteered to be tested

Anticipated study outcomes:
The results of this study will give a more accurate picture of the burden of tuberculosis within the correctional facility. Screening will be done using a symptom questionnaire, sputum for microscopy and culture, chest X-ray and the new urine Lipoarabinomannan test. Study participants will also we offered testing for HIV. These results will aid the control programme by demonstrating how best to use new and existing screening tools or tuberculosis. This, will not only improving the health of the offenders but also the health of the staff.

The new experimental urine LAM (Mycobacterial Lipoarabinomannan) test for TB will be used in this study, and its sensitivity and specificity and positive and negative predictive values will be calculated. This may guide the future use of this tool in screening for tuberculosis.

Methods:
Following informed voluntary consent, all study participants will be screened for TB using a questionnaire (with information on demographics and symptoms of active tuberculosis), two sputum specimens for microscopy and culture, a chest X-ray and a urine specimen for LAM testing.

Activity Narrative: All study participants will be offered voluntary counselling and testing for HIV. If consent is provided, a rapid test will be performed, and the results made available to the individual. The results of the rapid test will not be used in the study. A second urine sample will be collected, for research purposes, if consent is provided. It will be anonymously linked to the data gathered and will be anonymously tested for HIV. The results of the urine tests will not be given to the study participants.

Any participant with a positive result on screening for TB will be recalled and reviewed with a further symptom screen, two further sputum samples for microscopy and culture and a repeat CXR, for evidence of active TB. All positive results obtained for an offender will be made available to the medical unit at the correctional facility, so that they can be further evaluated and treated if appropriate.

If a diagnosis of TB has been made, we will ask the health services staff at the correctional facility to collect extra information for these offenders on a study questionnaire, at 2 months, to judge response to treatment. All offenders will have their medical records reviewed at 3 and 6 months, and if necessary at a later stage, to see if they have been diagnosed with TB or any other condition.

If treatment is required for a staff member, a referral letter will be written to their preferred provider. With their permission, we will contact staff members at 3 and 6 months to see if they have been diagnosed with TB or any other condition.

The duration of recruitment will be April 2008 to December 2008 (9 months). Follow up of medical files will be completed by May 2009.

Population of Interest:
The setting is a Medium B, Johannesburg correctional facility in Johannesburg, South Africa. The population studied will be:
a) A representative sample of the Medium B, correctional facility population – both new admissions and currently incarcerated offenders who have already been sentenced
b) All “members” (staff) working in Medium B of the facility (total estimated at 200-300) will be offered confidential screening on a voluntary basis

The sampling procedure will be as follows:

OFFENDERS – Medium B: Total Sample Size 1000
Group 1:
a) New Entrants
b) Sample size 500
c) Consecutive new admissions

Group 2:
a) Sentenced Incarcerated Offenders
b) Sample size 500
c) Random sample from a list of existing offenders with a predicted stay greater than 6 months

STAFF – Medium B
All staff members will be offered confidential screening on a voluntary basis

Dissemination Plan:
All data will initially be presented to the Department of Corrections. Following this, we aim to present the preliminary data at an appropriate conference and to publish the findings in a peer reviewed journal if appropriate.

Budget for Year 1:

Object Classification Amount
Salaries/Fringe benefits $54,500
Equipment $0
Supplies $16,500
Travel $0
Participant Incentives $0
Laboratory testing $31,500
Other $6,300
Total $109,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Incarcerated Populations

Coverage Areas

Gauteng

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4616.08

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19530.08

Planned Funds: $15,524

Activity System ID: 19530

Activity Narrative: SUMMARY:

CARE serves as an umbrella grant making mechanism for the Centers of Disease Control. CARE has been an umbrella grants mechanism since FY 2006. CARE's primary responsibility is for the financial oversight of the grant which includes review of the financial reports and on-site assessment of the supporting documentation. CARE does not provide programmatic level technical assistance to the sub-grantees. Technical assistance and programmatic over-site is provided by CDC activity managers. The specific activities that CARE is responsible are listed below. CARE will oversee the sub-grant to UKZN CAPRISA.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Contractual Responsibilities

CARE is responsible for the contractual arrangements of the sub-grants with CDC South Africa. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa to meet the PEPFAR goals. CARE will prepare all supplemental and continuation application, and ensure that progress reports are received by the sub-grantees. CDC activity managers will be responsible for the technical review of the sub-grantees; thus targets met by the sub-grantees for the PMTCT program will not be assigned to CARE.

ACTIVITY 2: Financial Oversight

CARE is responsible for the financial oversight of the sub-grants. This activity includes the review of financial reports submitted by the grantees on quarterly/6-monthly basis; and on-site assessment of the supporting documents to ensure compliance with the contract. These on-site assessments will be conducted on a 6-monthly basis. CARE will also ensure progress reports are received from the sub-grantees and approved by the activity managers of CDC South Africa on a quarterly/6-monthly basis prior to the disbursement of continuation funding.

Although these activities do not directly contribute to the overall PEPFAR goals and objectives, the Umbrella Grants Mechanism ensure that PEPFAR support can be given to small and medium-sized organizations, enabling them to facilitate the achievement of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9625.08

Mechanism: N/A

Prime Partner: University of the Western Cape

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 22492.08

Planned Funds: $300,000

Activity System ID: 22492

Activity Narrative: Summary

The University of Western Cape (UWC) is implementing multiple activities aimed at improving human capacity development to address HIV and AIDS in South Africa.

BACKGROUND

The 2004 report of the Joint Learning Initiative on health human resources states that "after a century of most spectacular health advances in human history, Human survival gains are being lost because of feeble national health systems. The HIV and AIDS emergency has undoubtedly contributed to this problem, particularly in South Africa. The pressure on health care workers is immense and with the crisis of attrition and out-migration of personnel, systems in South Africa are challenged as never before. This has been placed in stark relief by the urgent need to respond to HIV and AIDS epidemic, and especially the current imperative to deliver antiretroviral therapy (ART) to large numbers of sick people who are often living in areas where health systems have been poorly developed. This project focuses on strengthening and expanding the development and implementation of comprehensive HIV and AIDS prevention in South Africa in order to mitigate the impact of the HIV and AIDS epidemic. The emphasis area for these activities is human capacity development, training, including pre-service and in-service training. The minor emphasis area is local organization capacity building. Target populations include public and private sector health care workers and youth attending secondary schools.

ACTIVITIES AND EXPECTED RESULTS:

HIV and AIDS require a comprehensive approach with a view beyond the health system. Consistent with this approach, the activities in this program area demonstrate a multi sectoral approach to targeting a variety of health professionals. There are two separate activities in the program area.

Activity 1: A web resource to support TB/HIV Clinicians in South Africa

TB is the most common opportunistic infection and most important cause of death in people infected with HIV in South Africa. Information for clinical management of multiple drug resistant TB (MDR), and extensively drug resistant TB (XDR) is changing very quickly and it is difficult for clinicians to access this information. This project will develop and pilot a remote web-assisted consultation service for TB/HIV will diagnosis and treatment. This service will build the capacity of clinicians in Southern Africa to provide optimal TB/HIV care. A specialist consultative service and information of relevance to clinicians necessary to support accurate TB/HIV diagnosis, treatment and palliative care will be provided as a single web-accessible system. The system will offer a web-based consultation service to which clinicians can send in questions on how to manage problem cases and receive responses from recognized experts. The site will provide links to existing clinical guidelines, a photo library with images of clinical presentations and relevant data-mined information of the most recent updates from scientific literature. 20 Clinicians from various service outlets dealing with TB/HIV will be trained in efficient use of the system and will participate in the pilot. The system will be modified after the pilot and 90 clinicians will be trained in the use of the final system.

Activity 2: Addressing TB/HIV through the development of health promoting schools

A holistic approach is needed to address TB/HIV effectively. The World Health Organization has noted that "the school is an extraordinary setting through which to improve the health of student, school personnel, families and members of the community." The UWC Health Promoting Schools Forum is a partnership between academics at UWC, the Western Cape Reference Group for Health Promoting Schools, the Western Cape Department of education (WCED) and the Western Cape Department of Health. This forum has been active in supporting the development of health promoting schools in the Western Cape. There are currently 130 health promoting schools in the Western Cape. WCED has identified 21 communities as being in particular need of multi-sectoral interventions through Western Cape Social Transformation program. The broad goal of this activity is to reduce the spread of TB/HIV in the school community. The specific aim of the activity is to build and strengthen human capacity among all in the school community. The purpose of this activity is to ensure the establishment of health promoting secondary schools, to facilitate the development of TB/HIV policies in the schools and to facilitate a process of developing healthy psychosocial and physical environment in the school community, and to improve knowledge in the school community related to TB/HIV.

These activities contribute to the PEPFAR 2-7-10 targets by building human capacity and ensuring the delivery of quality HIV/TB services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period	N/A	True
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	90	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

Western Cape

HKID - OVC

Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08

Total Planned Funding for Program Area: $52,372,549

Estimated PEPFAR contribution in dollars	$2,231,000
Estimated local PPP contribution in dollars	$8,066,652
Estimated PEPFAR dollars spent on food	$89,499
Estimation of other dollars leveraged in FY 2008 for food	$7,877,401

Program Area Context:

The South African (SA) HIV and AIDS epidemic continues to create a large number of children without adult protection, nurturing and financial support. Income poverty affects 55 percent of children, is most prevalent in rural disadvantaged provinces and is experienced most extensively by African children. Of South Africa's more than 18 million children, about 3.4 million children have lost one or both parents (18.6% percent of all children). Half of all orphans are living in KwaZulu-Natal (23%) and Eastern Cape (25%). Over 626,000 have lost both parents, and over 100,000 children are estimated to be living in child-headed households (CHH). The majority of children (75%) living in CHH are in Limpopo (39%), Eastern Cape (23%) and KwaZulu-Natal (13%) provinces (Child Gauge 2006, Children Institute, University of Cape Town). The AIDS epidemic destroys children's lives by forcing them to assume caregiver and provider roles. Many orphans and vulnerable children (OVC) live with, and are cared for by a grandparent or a great-grandparent (over 81%). Four in ten young children are living in extended families with at least six other people. Without adequate protection and care, OVC are more susceptible to child labor, and sexual and other forms of exploitation that increase their risk of acquiring HIV.

The SA Government (SAG) Policy Framework for OVC is a blueprint for the care of OVC. Both the Policy Framework and the National Action Plan (NAP) provide a clear path for addressing the social impact of HIV and AIDS and for providing services to OVC. The six key strategies: strengthen the capacity of families to care for OVC; mobilize community-based responses for care, support and protection of OVC; ensure that legislation, policy, and programs are in place to protect the most vulnerable children; ensure access to essential services for OVC; increase awareness and advocacy regarding OVC issues; and engage the business community to actively support OVC. In all instances, family and community care is prioritized, and institutional care is viewed as a last resort.

The USG OVC approach is consistent with the OVC Policy Framework. The USG provides direct assistance to the Department of Social Development (DOSD) and partners with diverse local and international organizations to scale-up existing, effective OVC programs that complement and support the DOSD efforts. At the end of March 2007, 23 PEPFAR partners had reached 151,461 OVC with primary and supplementary direct services. In addition, 24,521 OVC were reached indirectly and 7,796 caregivers were trained.

In FY 2008, USG funding for OVC activities will almost meet the 10% budget requirement (9.73%). In line with the Three Ones principle, the USG will continue to support the DOSD to strengthen coordination of OVC programs. Since FY 2006, the USG has supported a full-time Monitoring and Evaluation (M&E) specialist for the DOSD which will continue in FY 2008. The M&E specialist provides technical assistance to the DOSD Chief Directorate of HIV/AIDS and Chief Directorate of Children on M&E issues and the development of indicators for monitoring the NAP. Support has been provided to develop a management information system (MIS) to track, monitor and utilize data on orphans and vulnerable children at the DOSD. M&E assistance to the DOSD will be expanded in FY 2008 with two M&E advisors at the DOSD to strengthen information gathering and use at the national and provincial levels.

In FY 2008, USG partners will continue to focus on innovative ways to scale up OVC services through integrated systemic interventions; support and training of volunteers, caregivers and community-based organizations, and address service delivery issues. To ensure high quality, the USG has defined primary direct service provision as each child receiving a minimum of three services from a menu of eleven (an expansion on OGAC's seven services). These include: clinical nutrition interventions; targeted, short-term food and nutritional support with PEPFAR funding and leveraging food and/or food parcels from other sources including the DOSD, private sector companies and churches; shelter and care; child protection (i.e. birth registration,

identification and inheritance issues); assistance in accessing general healthcare; health care support specifically for anti-retroviral treatment; psychosocial support; increased access to education (including uniforms, after school tutoring etc.); HIV prevention education or interventions (e.g. life skills, etc.); vocational training; and assistance in accessing economic support (accessing social grants, income-generation activities, etc.). In FY 2008 the USG will continue to emphasize quality improvements in the delivery of OVC services and will ensure that a standard-based approach to quality in program planning and implementation is piloted among USG-supported partners.

USG partners will focus on scaling-up OVC interventions to meet the enormous needs of OVC. Emphasis will be on improving the quality of OVC programs interventions, strengthening coordination of care, innovative new initiatives focusing on reaching especially vulnerable children, and strengthening the DOSD Child Care Forums (CCF) structure as well as local OVC coordinating mechanisms at the district level. USG partners will continue to integrate wrap-around programs into the delivery of OVC services. For example through Management Sciences for Health, Integrated Primary Health Care Project (IPHC), 23 small OVC community -based organizations will be linked to the child survival activities of the IPHC project through the community-based Integrated Management of Childhood Infections (IMCI) implemented in eight districts in conjunction with the Department of Health. IPHC is working with the local health facilities in these districts to ensure that OVC in their area are fully immunized and are able to access necessary child and adolescent health services. USG-funded programs continue to actively encourage and link with pediatric treatment programs and VCT programs to encourage HIV testing of OVC and to ensure that HIV-infected OVC have access to pediatric treatment and palliative care services.

DOSD recommended CCF as a national model to respond to the increasing needs of children and to provide support to OVC at the community level. CCFs are the communities' and local authorities' "eyes and ears" that identify OVC and ensure that they have access to care and essential services and are widespread through the country. CCFs are a mechanism to build capacity in community-based systems for sustaining care and support to OVC and households over the long term. The DOSD with support from UNICEF has contracted for a National Audit of CCFs, to determine how CCFs provide services at the local level to OVC. The audit will provide a picture of national coverage of CCFs and an analysis of the services provided by CCFs, their organizational and coordination features, funding sources and costs.

USG OVC assistance addresses gender issues. An increasing number of USG partners are finding innovative ways to include men as caregivers of OVC (FHI, National Association of Child Care Workers and Heartbeat) and encourage men to be champions for community protection interventions for child, women and elderly-headed households. Heartbeat's After-school care programs provide a safe place for supervised homework, one-on-one academic tutoring, nutritious food, often provided by private sector companies, and a wide-range of psychosocial support to OVC. Heartbeat's mentoring program provides life skills and HIV prevention education. OVC support groups, dramas, storytelling and other psychosocial support interventions are facilitated by OVC themselves and involve significant child participation. Assistance has and will continue to focus on reaching especially vulnerable populations through Early Childhood Development Interventions with the CARE sub-partners, Sekhukhune Education Trust and NOAH. Partners like NACCW have added a component to reach disabled children. Studies have shown that disabled people, especially young people, are particularly vulnerable to being infected and affected by HIV and AIDS. Most OVC partners provide HIV prevention messages especially for older OVC and efforts will be made to include boys and girls with disabilities in all training, programs and services offered. USG partners will continue to focus on reducing gender-based violence and will continue to confront gender issues and gender dynamics that become apparent in the implementation of OVC programs.

USG assistance in South Africa aims to build the capacity of local organizations and encourage sustainable interventions for OVC. Two previous sub-partners of Starfish Foundation (Heartbeat and Hands at Work) have graduated, and are now receiving direct USG funding and managing their own programs directly. Training and mentoring of local community-based partners and expansion of income-generating activities strengthens capacity at the community and family level to sustain the protection, support and care of OVC. An increasing emphasis on vocational training and a need for a clear exit strategy for older adolescents (over 18 years) is addressed by partners such as the FHI sub-partner, South African Catholic Bishops Conference and its sub-recipients. This will ensure that that OVC do not drop out of school and that when they leave the OVC programs there are plans in place for them to further their education, access vocations and skills training and establish income generating activities that will enable their survival and secure income.

There are other donors supporting OVC in SA. The USG works closely with UNICEF including co-funding OVC research activities. The USG program in South Africa continues to complement the efforts of the DOSD and other donors to leverage resources and to ensure that there is no duplication of effort.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	454330
*** 8.1.A Primary Direct	318353
*** 8.1.B Supplemental Direct	135977
8.2 Number of providers/caregivers trained in caring for OVC	28613

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9372.08 **Mechanism:** N/A

Prime Partner: CARE South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21638.08

Planned Funds: $2,250,000

Activity System ID: 21638

Activity Narrative: Summary: CARE South Africa's Deepening and Expanding Local Links Project (DELL) is a follow on activity to CARE's Local Links Project, Track 1. The two projects will be implemented concurrently in FY 09 with funding separately managed. In FY 2010 Local Links programming will be integrated into DELL. In Limpopo, DELL will be implemented in Mopani and Sekhukuneland districts and expand to Vhembe district. In the Free State, implementation in Motheo district will be discontinued, and scaled up in Thabo Mofutsyane District. The proposed expansion into Ehlanzeni Region of Mpumalanga will not be effected. DELL's goal is for OVC and their caregivers to access and use a wide range of high-quality, comprehensive services from government and civil society institutions.
Background:DELL will be implemented through 9 new sub-partners and 4 district or local municipalities. Two sub-categories of implementing partners will be contracted. Technical Partners (totaling 5) - who are able to scale up their reach directly and /or mentor smaller community based organizations (CBO) will be supported to recruit professionally qualified nurses and a social worker to ensure sustainable access to skilled staff. The technical partners will also provide services to OVC in their operational areas. 4 New CBOs (referred to as Implementing Partners) will be contracted to only provide services to OVC and their caregivers. OVC focal posts will be funded and supported to develop 4 district or local municipalities' capacity to coordinate services, ensure OVC needs are integrated into local plans and budgets, provide further support and access to training and funding opportunities to CBO and improve the coordination function of relevant government -civil society structures.
Activities and Expected Results: Objective 1-CBOs provide access to a core package of services to meet the needs and rights of OVC. Three outputs are envisaged: a) a minimum package of core services will be agreed upon with sub-grantees which will be developed through building their own capacity or building linkages to ensure effective referrals; b) CBOs deliver high quality services through ensuring OVC access comprehensive coordinated services through placing critical technical capacity like social workers, nurses in the Technical Partners to provide skilled and consistent outreach to Implementing Partners and ;c) Referral Systems are established and tracked. A local municipal and district based multi- sectoral mapping of services will be undertaken with Government Departments and CBOs. CARE's economic work with the OVC caregivers is well established, its adaptation to reach adolescents and youth will be strengthened through ensuring that the head office based Economic Support Coordinator is experienced in working with youth. Older OVC access to HIV/AIDS related services will be strengthened through placing 3 youth counselors in strategic clinics (funded through Track 1). Objective 2-The economic Security of OVC and their families and caregivers is strengthened. Households with OVC will have more diversified and sustainable livelihoods through a)using their income grants productively through engaging in CARE's savings and lending model (VSL), and supported to develop income generating activities (IGA); b)develop the regulatory mechanism to ensure compliance with South African Financial Service Act and beneficiaries are provided with other means to grow their savings; c)the social support function of the VSL groups is strengthened by CBO and other stakeholders through making technical input into the groups; and d)the adaptation of VSL and IGA for older OVC. 400 Caregivers will be trained and supported to save; 100 youth will engage in viable income security activities. Objective 3-Local government policy and implementation environment is enhanced to further benefit of OVC and their caregivers. CARE will place 4 OVC Focal persons in District or Local Municipalities to develop government's capacity to respond to OVC needs and develop policy and program decision that support OVC and their caregivers. The OVC Focal persons will coordinate OVC services and data, participate in and strengthen relevant structures to build effective referral and support networks; provide hands on support to CBOs and develop district database to inform Integrated Development Plans and Budgets; and to address bottlenecks in government service delivery. CARE will document at least one promising practice. Objective 4-Organizational capacity of implementing and technical partners is strengthened, to ensure long term sustainability, self reliance and maximize project impact. DELL will focus on institutional strengthening of implementing partners to ensure enhanced strategic leadership; improved institutional planning and monitoring thereof, stronger governance and human resource management capacity; and increased resource mobilization and financial management capacities. The overall organizational framework for ensuring the long term sustainability of implementing partners recognizes the value of small CBO to reach marginalized farming communities. These groups will be supported to provide peer learning and coordinated into a network. Partners and related government stakeholders will participate in a national Project Steering Committee and capacity development initiatives as required, to enable the Committee to increasingly take strategic oversight of the project.
CROSS CUTTING ISSUES: CARE will undertake a baseline study of OVC needs and service satisfaction. To reduce CARE and partner staff and volunteer caregiver turnover- CARE will build in incentives for staff development like access to accredited training, provide protective clothing and systematize the care of caregivers. DELL will contribute to PEPFAR 2-7-10 goals by improving access to quality care for12 500 OVC, train 600 caregivers, build sustainable local organizations and improve local and district government's capacity to coordinate and provide services to OVC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	4,000	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	6,000	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Free State

Limpopo (Northern)

Mpumalanga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8681.08

Mechanism: N/A

Prime Partner: South African Democratic Teachers Union

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 19452.08

Planned Funds: $350,000

Activity System ID: 19452

Activity Narrative: SUMMARY:

South African Democratic Teachers Union (SADTU) workplace program aims to provide support to 50 eligible orphans and vulnerable children in two schools per SADTU region out 17 regions in the three provinces, NW, FS, GP.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conducive to quality teaching and learning for both educators and learners alike. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children (OVC) in the workplace.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Establish school-based care and support for OVCs

In collaboration wit the Department of Social Development (DSD), the South African Social Security Agency and the Department of Education, SADTU will work with schools to identify OVC and establish school-based care and support centers to support these children. School-based interventions will be established in two schools in each of the seventeen regions with FY 2007 funds. SADTU will ensure that OVC are registered with the DSD. SADTU will work with each school to identify and prioritize the needs of OVC. This could include, but is not limited to, paying school fees in schools that require this, supplying them with school uniforms, educational necessities not provided for, community gardens, and ensuring OVC have access to social services through the DSD. They will also build upon existing life skills programs to ensure that HIV prevention messages are integrated into the OVC program.

Activity 2:
SADTU will train 1 caregiver per school in the 34 identified OVC schools….
Children's rights, first aid including universal precautions, HIV Transmission & prevention; positive living; life skills; substance abuse, violence including sexual abuse, sexuality, study skills. Entrepreneurship skills, health and hygiene.

Activity 3:
SADTU will establish a further 10 peer education support groups in regions to bring the number to 20. These will be organized for PLWA and/affected individuals to promote positive living, care and treatment access thus further reducing HIV transmission. Monthly meetings will be facilitated by the PE facilitators and AIDS ambassadors.
These activities contribute to the PEPFAR 2-7-10 goals and objectives by ensuring that OVCs are identified within schools and services are provided to them.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	1,700	False
8.1.B Supplemental Direct	1,900	False
8.2 Number of providers/caregivers trained in caring for OVC	34	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	9224.08	**Mechanism:**	N/A
Prime Partner:	PATH AIDSTAR	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	19707.08	**Planned Funds:**	$800,000
Activity System ID:	21156		

Activity Narrative: SUMMARY:

In collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to provide child protection and abuse (physical and sexual) identification and support training to community-based, faith-based and other organizations that provide services to these vulnerable children. A service provider to implement this activity will be selected in October 2007. Expert and specialist organizations will be recruited to provide the training to all OVC partners supported under the PEPFAR program in South Africa, to ensure effective support and service provision to OVC and other children made vulnerable by abuse or abusive situations. Funding will be used primarily in the emphasis area of gender in reducing violence and coercion, training specifically in-services training with additional efforts in local capacity building with a focus on quality assurance and supportive supervision to ensure follow-up and mentoring of trained participants. The primary target populations for the intervention include orphans and vulnerable children (OVC) and people infected with HIV and AIDS, and the general population aged over 25 years.

BACKGROUND:

In FY 2006, PEPFAR provided funding for OVC services to more than 20 organizations in South Africa. More than half of these organizations reported that they have seen a sharp increase in the number of abused (sexual and physical abuse) children in their programs over the last twelve months. These partners requested that training be provided on child abuse identification, caring for abused children with a specific focus on the referral networks for abused children. They have specifically requested that within their organization at least one or two individuals be trained as a resource person for dealing with child abuse, the legal ramifications of the court case, and the after-effects and trauma of the abuse on the child. Caregivers, guardians and OVC themselves on the front lines are in a prime position to identify early signs of abuse of OVC and to initiate interventions. A 2005 case study of Violence Against Children Affected by HIV/AIDS in Uganda indicated that training and support are required for guardians and other children in households where orphans are living. It also states that a training package should be developed and delivered to guardians covering issues such as the care and support needs of orphans, changes to family household, use of memory books, HIV/AIDS and managing difficult behavior. Community Care Coalitions and Community Volunteers should also be trained on these issues to provide support to the families where orphans are staying and to further monitor situations where orphans are believed to be treated poorly including where they are abused. It identifies the training of guardians to better care for orphans as the optimal way to address the issues of discrimination.

ACTIVITIES AND EXPECTED RESULTS:

This activity will focus on providing training on abuse identification, trauma counseling, dealing with child abuse through the court systems (court chaperones) and developing linkages and strong referral networks with the healthcare systems and the police systems. Suggested role players who could be included in such training besides the NGOs, CBOs and FBOs, are teachers, health professionals, the police service, foster parents, psychologists, trauma counselors, churches, caregivers and volunteers. Training will focus on prevention and early interventions to safe guard the well-being and best interest of the child. Innovative methods in the identification, education and prevention of sexual abuse will be a major focus. A sexually abused child is doubly vulnerable since medico-legal information is required to sustain a court case, and medical information must be available within 72 hours or less to ensure that the child can get post exposure prophylaxis (PEP). In addition to the training, this activity will also work with organizations to identify champions among the police service, the healthcare system, as well as the justice and legal system, and will work with the CBO/FBO and NGOs to be advocates for abused children to ensure that they get the best quality service. This activity will work with the OVC support organizations and OVC advocates to share resources, skills, knowledge and techniques. In addition, this intervention will build the human capacity of OVC organizations to be able to address child protection and child abuse issues in a sustainable manner. This activity will promote the collaboration between organizations working with OVC and those working to address sexual abuse and exploitation. This activity will be designed and implemented in consultation with USAID/South Africa's Democracy and Governance program which is supporting the Sexual Offenses and Community Affairs (SOCA) Unit of the National Prosecuting Authority of South Africa in its endeavor to eradicate all forms of gender-based violence against women and children, especially the crime of rape. The South Africa National Strategic Plan includes as part of its intervention packages the prevention and identification of child abuse and neglect. This activity also supports the COP objective of increasing the number of providers/caretakers trained in caring for OVC. The activities and products will contribute to sustainability of approaches to increasing and enhancing the capacity of caregivers.

This activity will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 19707

Related Activity: 21254

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21254	21254.08	9224	9224.08		PATH AIDSTAR	$900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	600	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9225.08

Mechanism: N/A

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21160.08

Planned Funds: $1,552,000

Activity System ID: 21160

Activity Narrative: SUMMARY:

This activity aims to improve OVC information gathering and reporting systems for both the Department of Social Development (DSD) and PEPFAR OVC implementing partners. In addition, the activity aims to improve OVC service delivery and assess program effectiveness by generating information about OVC programs through a targeted evaluation.

BACKGROUND:

This activity was supported by MEASURE Evaluation in FY 2005 and FY 2006. The MEASURE activities will be recompeted in FY 2007 and it is anticipated that the same partner will continue these activities in FY 2008. PEPFAR funds have been used to work with the DSD to support a resident advisor (RA) within the DSD under the direction of Chief Director of the HIV and AIDS Unit. His role includes developing the M&E component of the National Plan of Action for OVC and the DSD's policy framework for OVC made vulnerable by HIV and AIDS, as well as developing an operational plan. In FY 2006 the M&E Advisor provided program management support to the organization selected to develop a management information system (MIS) to track OVC. In addition, the RA works to build the capacity of DSD staff in M&E to ensure sustainability of the M&E systems that will be developed.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: M&E Strategy
The PEPFAR funded M&E RA to the DSD will assist them to implement the M&E strategy. A key component of the DSD M&E system in South Africa will be the MIS for OVC co-funded by PEPFAR and the DSD. The M&E RA will continue to serve as the liaison between DSD, the MIS contractor, implementing partners and other donor agencies; oversee major time-lines for the MIS Contractor, and provide technical assistance to the MIS Contractor in the following areas: guidance on database design issues relevant to DSD's M&E strategy and operational plan to ensure key objectives of DSD are met with the system; oversight on functionality and user interface; ensure that data quality and integrity is maintained; and coordinate training needs of the users at local and provincial level once the MIS system is fully developed. The expected result of this activity is a functional national MIS system for OVC programs.

ACTIVITY 2: M&E Capacity Development

The M&E RA will continue to develop the M&E capacity of staff within the DSD and local partners. The M&E RA will coordinate M&E training needs within the DSD and of local implementing partners, conduct site visits to local and provincial sites in order to assess gaps in skills and knowledge in M&E and provide technical assistance to meet such needs. The M&E RA will evaluate and modify data utilization and flow within DSD. The expected result of this activity is a sustainable M&E unit within the DSD.

These activities will contribute to tracking the success of achieving the PEPFAR objective of 10 million people in care at both a local and global levels by providing valuable information for decision making.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21161

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21161	19708.08	9225	9225.08		John Snow, Inc.	$3,201,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

This activity will assist with the overall OVC program of the South Africa Department of Social Development (DSD)at both the national and provincial levels as well PEPFAR OVC partners. Specifically, the activities proposed aim to improve the quality and utilization of data from all PEPFAR OVC partners.

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 268.08
Mechanism: N/A
Prime Partner: Population Council SA
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 21157.08
Planned Funds: $1,000,000
Activity System ID: 21157

Activity Narrative: SUMMARY:

In collaboration with the South African Government (SAG), FY 2008 PEPFAR funds will be used to support a service availability mapping exercise that will allow organizations to be able to locate all necessary HIV and AIDS related services they may need in order to strengthen their own care and treatment service delivery. This service availability mapping exercise of districts and sub-districts will assist home-based caregivers, volunteers, community-based organizations, faith-based organizations and public health facilities to provide referrals efficiently in order for clients to access services closest to their household. USAID/South Africa recognizes the need to be aware of available services and resources in order to identify gaps, avoid duplication and to maximize collaboration and linkages with other stakeholders and partners. This activity will include mapping of the essential services available from the South African Government, for example Home Affairs for birth certificates and identification documents, legal-aid centers for land disputes and inheritance issues, Social Development for access to grants, Rape Centers for access to post exposure prophylaxis (PEP), and ART treatment sites for access to pediatric and adult treatment, etc. Mapping provides a means of organizing local knowledge through the common language of geography and visual representation. Through a participatory process, local knowledge can be gathered, integrated, represented, and shared. Maps can then act as a basis for community discussion, empowerment, and decision-making. A service provider to implement this activity will be selected in October 2007.

Primary emphasis will be on local capacity building and the development of network referrals and Information, Education and Communication. The final product, a directory of services, will be used widely both by PEPFAR supported partners as well as the SAG and other organizations that provide HIV and AIDS services in South Africa. This booklet will be shared widely through the HIV and AIDS networks and forums in South Africa.

The primary target populations for the intervention include OVC, people living with HIV and AIDS and the general population aged over 25 years.

BACKGROUND:

The South Africa PEPFAR program embarked on a geographical information systems (GIS) mapping activity in FY 2005. These maps have proven a valuable tool for planning and coordinating activities within and across partners. However, to date, these maps only show PEPFAR supported services, as well as SAG ART services. The USG Team would like to take this mapping down to a community level to improve service delivery on the ground. This activity will strengthen referrals and linkages between government departments, NGOs, civil society groups and HIV and AIDS service providers through sharing and dissemination of information on the availability and location of essential services in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

A directory of organizations providing HIV and AIDS related services in South Africa will provide a useful guide to the many agencies and organizations working to address the critical challenges faced by HIV and AIDS in South Africa. There is a need for a comprehensive database of organizations working with and for HIV-infected and affected individuals in South Africa. In 2001 a directory of Child HIV and AIDS services was published by the Department of Social Development in collaboration with Save UK and UNICEF. In addition, service availability mapping was completed in the Eastern Cape province during the former USAID equity project. These directories are now out of date, however they will be used as the starting point to establish a district map of the services and key service providers will be added. The availability mapping exercise will inform all those concerned about HIV and AIDS, especially the partners funded by PEPFAR, of the various services and initiatives available to assist them and to strengthen their efforts to support HIV-infected individuals and their families. This directory will be user-friendly and will facilitate smooth referrals and encourage linkages. The service directory will also enable organizations to better utilize services that are available, facilitate new partnerships to address the gaps in service delivery and encourage a multi-agency approach to assisting individual infected by HIV, their families and their communities. This activity would begin in three of the provinces and will then be replicated in all nine provinces of South Africa. In addition, this directory will be linked to GIS data points for more interactive usage of the directory and to produce various maps.

This activity will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected and infected individuals, including OVC. In addition it will contribute to the success of the following objectives of the SAGâ€™s National Strategic Plan; to develop and implement mechanisms to identify, track and link OVC and child-headed households to grants, benefits and social services at local levels and to increase the proportion of vulnerable children accessing social grants, benefits and services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4624.08 **Mechanism:** N/A

Prime Partner: Medical Care Development International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21165.08

Planned Funds: $250,000

Activity System ID: 21165

Activity Narrative: Organization Name: Medical Care Development International (MCDI)

Duration of Projects in years: 3 years

Prevention AB & OP:Objective 1: To prevent HIV/AIDS and other STIs and pregnancy among in and out-of-school youth through tested peer education behavior change communication (BCC) activities and using creative drama and film methods

MCDI undertakes to expand on and enhance its already successful activities in this area. IDCYSP activities are in line with the PEPFAR objective of preventing HIV transmission through the promotion of safe and healthy sexual behavior among HIV infected and uninfected individuals. Proposed activities are also consistent with the South African Government's AIDS Programme mission of preventing the spread of HIV. These proposed activities recognize the important role that community education, outreach and advocacy can play in educating youth and preventing HIV/AIDS. Specifically, the youth activities will address increased risk to youth and the disproportionately high risk among girls and young women. The Mobile Education Unit will reach underserved rural communities. The education of community influencers in a behavior change and communication approach will emphasize the particular vulnerabilities all of these vulnerable groups, while creating a more supportive environment for PLWHA and youth.

OVC: Objective 2: To provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children by expanding the model crèche to other areas, including access to essential health, social, psychosocial and legal services for OVC and their households.

IDCYSP will encourage enrollment of OVC, specifically targeting those children in child- or sibling-headed households, to crèches who are often excluded because of tuition fees through MCDI's previously successful approach of fee waivers for orphans. In the Mavela crèche, enrollment increased from 40 to 100 through using this approach. OVC will be identified through MCDI PMTCT activities. They will also be identified by home-based caregivers (HBCs), who are local community residents that have completed secondary school and an MCDI 21-day training course to deliver palliative care. MCDI is currently transitioning the supervision of HBCs to CBOs who have funding to support their income. IDCYSP will provide legal support to OVC and their caretakers, which will have a significant impact on their current and future economic well-being. Protecting and promoting the inheritance rights of OVC and fighting against disinheritance is crucial to comprehensive care and support of these children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	300	False
8.1.B Supplemental Direct	900	False
8.2 Number of providers/caregivers trained in caring for OVC	300	False

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9224.08

Mechanism: N/A

Prime Partner: PATH AIDSTAR

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21254.08

Planned Funds: $900,000

Activity System ID: 21254

Activity Narrative: SUMMARY:

Abuse Referral Network

In collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to provide child protection and abuse (physical and sexual) identification and support training to community-based, faith-based and other organizations that provide services to these vulnerable children. A service provider to implement this activity will be selected in October 2007. Expert and specialist organizations will be recruited to provide the training to all OVC partners supported under the PEPFAR program in South Africa, to ensure effective support and service provision to OVC and other children made vulnerable by abuse or abusive situations. Funding will be used primarily in the emphasis area of gender in reducing violence and coercion, training specifically in-services training with additional efforts in local capacity building with a focus on quality assurance and supportive supervision to ensure follow-up and mentoring of trained participants. The primary target populations for the intervention include orphans and vulnerable children (OVC) and people infected with HIV and AIDS, and the general population aged over 25 years.

BACKGROUND:

In FY 2006, PEPFAR provided funding for OVC services to more than 20 organizations in South Africa. More than half of these organizations reported that they have seen a sharp increase in the number of abused (sexual and physical abuse) children in their programs over the last twelve months. These partners requested that training be provided on child abuse identification, caring for abused children with a specific focus on the referral networks for abused children. They have specifically requested that within their organization at least one or two individuals be trained as a resource person for dealing with child abuse, the legal ramifications of the court case, and the after-effects and trauma of the abuse on the child. Caregivers, guardians and OVC themselves on the front lines are in a prime position to identify early signs of abuse of OVC and to initiate interventions. A 2005 case study of Violence Against Children Affected by HIV/AIDS in Uganda indicated that training and support are required for guardians and other children in households where orphans are living. It also states that a training package should be developed and delivered to guardians covering issues such as the care and support needs of orphans, changes to family household, use of memory books, HIV/AIDS and managing difficult behavior. Community Care Coalitions and Community Volunteers should also be trained on these issues to provide support to the families where orphans are staying and to further monitor situations where orphans are believed to be treated poorly including where they are abused. It identifies the training of guardians to better care for orphans as the optimal way to address the issues of discrimination.

ACTIVITIES AND EXPECTED RESULTS:

This activity will focus on providing training on abuse identification, trauma counseling, dealing with child abuse through the court systems (court chaperones) and developing linkages and strong referral networks with the healthcare systems and the police systems. Suggested role players who could be included in such training besides the NGOs, CBOs and FBOs, are teachers, health professionals, the police service, foster parents, psychologists, trauma counselors, churches, caregivers and volunteers. Training will focus on prevention and early interventions to safe guard the well-being and best interest of the child. Innovative methods in the identification, education and prevention of sexual abuse will be a major focus. A sexually abused child is doubly vulnerable since medico-legal information is required to sustain a court case, and medical information must be available within 72 hours or less to ensure that the child can get post exposure prophylaxis (PEP). In addition to the training, this activity will also work with organizations to identify champions among the police service, the healthcare system, as well as the justice and legal system, and will work with the CBO/FBO and NGOs to be advocates for abused children to ensure that they get the best quality service. This activity will work with the OVC support organizations and OVC advocates to share resources, skills, knowledge and techniques. In addition, this intervention will build the human capacity of OVC organizations to be able to address child protection and child abuse issues in a sustainable manner. This activity will promote the collaboration between organizations working with OVC and those working to address sexual abuse and exploitation. This activity will be designed and implemented in consultation with USAID/South Africa's Democracy and Governance program which is supporting the Sexual Offenses and Community Affairs (SOCA) Unit of the National Prosecuting Authority of South Africa in its endeavor to eradicate all forms of gender-based violence against women and children, especially the crime of rape. The South Africa National Strategic Plan includes as part of its intervention packages the prevention and identification of child abuse and neglect. This activity also supports the COP objective of increasing the number of providers/caretakers trained in caring for OVC. The activities and products will contribute to sustainability of approaches to increasing and enhancing the capacity of caregivers.

This activity will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21156

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21156	19707.08	9224	9224.08		PATH AIDSTAR	$800,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 218.08
Mechanism: Track 1
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 14645.08
Planned Funds: $0
Activity System ID: 14645

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity.

PEPFAR funds were allocated to FHI to provide technical assistance to modify and strengthen a specific FHI capacity building tool know as the Organizational Performance Capacity Assessment Tool (OPCAT) for use by other PEPFAR partners to strengthen their organizational capacity. The PEPFAR Taskforce has sourced a similar tool and technical assistance from a local South African institution and plans to continue with this activity using the local institution. This will allow the intervention be locally owned and sustainable.

Therefore there is no need to continue funding this activity with FY 2008 COP funds.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 13722, 13723, 13728, 13724, 13737, 13725

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
13737	2922.08	6588	218.08	Track 1	Family Health International	$928,281
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 274.08
Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 2980.08
Planned Funds: $150,000
Activity System ID: 17435

Activity Narrative: SUMMARY:

The SA DOD Orphans and Vulnerable Children (OVC) program is a relatively new development in the Masibambisane program with a focus on establishing a data base and referral system for OVC of military members. A needs assessment and pilot projects in four sites during FY 2006 will provide the direction for the future focus and strategy of this program to include support services for HIV-infected infants, children and caregivers in the military communities and capacity building of these services within the military through the assistance of NGOs near these communities. The major emphasis area is linkages with other sectors and initiatives and minor emphasis areas are infrastructure and community mobilization and participation. The target populations are OVC and their caregivers, HIV-infected infants and children, military personnel, volunteers and community leaders.

BACKGROUND:

The Masibambisane program initiated the OVC program in FY 2005 with an institutional focus in terms of establishing a database on military OVC and the initiation of projects at four sites as a pilot to determine the need and direction in terms of services to OVC. The underlying principle was to establish networks within communities to address the needs of OVC in general, address stigma and discrimination through access to comprehensive services and military OVC specifically through collaborative partnerships. Due to the extensive community involvement and leadership by the communities themselves, the four pilot projects have had varying levels of success during implementation in FY 2006. This has provided valuable information that will guide future strategies in this regard. Lessons learned at the pilot sites confirmed that the approach towards the management of OVC will differ from site to site and need to address activities that include training caregivers, increasing access to education, economic support, targeted food and nutrition support, legal aid, as well as psychosocial support and palliative care. Collaboration with local NGOs will be encouraged in all communities.

The OVC project is coordinated by the Directorate Social Work in the SA DOD as a sub-program of Masibambisane and has been initiated at the four sites through a local coordinator and collaborative workgroups from the communities. The projects at the four sites will be expanded to other appropriate regions and integrated with terminal care activities where appropriate. The program will support the activities of a military site in Phalaborwa (Limpopo province) while local NGOs will be targeted for funding through USAID in the other three sites (KwaZulu-Natal, Eastern Cape and North West provinces). This program will address beliefs and myths about HIV infection, prevention and treatment versus "cures". Self-help resources that include books about military separation and its affect on families will be provided.

ACTIVITIES AND EXPECTED RESULTS:

The implementation of activities that were planned for FY 2007 was delayed due to the staff restructuring in the SA DOD. These activities will therefore be continued in the FY 2008.

ACTIVITY 1: OVC Tracking System

The SA DOD will develop a tracking system to identify and monitor orphans of military members in order to provide these orphans with the healthcare services and support to which they are entitled.

ACTIVITY 2: OVC Service Site

The SA DOD will renovate a library at the Ba-Phalaborwa military site in Limpopo province to provide a place for children to learn and foster their education after school. This library will provide an educational atmosphere that emphasizes learning and a healthy lifestyle for OVC. References will address beliefs and myths about HIV infection, prevention, and treatment and will include myths about "cures". In addition information will be provided that deals with family separations and the stress that places on the family including age-appropriate strategies to address these concerns.

ACTIVITY 3: Sharing Information

The SA DOD will sharing information and experiences through attendance of PEPFAR OVC partner meetings, publications in military and peer reviewed magazines and journals and oral and poster presentations on effective and innovative programs at conferences and seminars. The SA DOD and other African countries will benefit from the information presented in peer-reviewed journal and at professional conferences.

All these activities will be monitored and evaluated with close supervision and support for quality assurance and the identification of best practices in this program area. Technical assistance will be provided to SA DOD by the US DOD in order to continue the participatory project begun in 2004, to assist with selection of additional province to begin OVC military community mobilization and participatory action and to support the participatory process as it evolves.

These SA DOD OVC activities will contribute to the PEPFAR goal of providing 10 million people with care, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7441

Related Activity: 13822, 13823, 13824, 13825, 13827, 13828, 13829, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22786	2980.22786.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$145,636
7441	2980.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$150,000
2980	2980.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	440	False
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	240	False
8.1.A Primary Direct	240	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	160	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Coverage Areas
Eastern Cape
KwaZulu-Natal
Limpopo (Northern)
North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7313.08
Mechanism: N/A
Prime Partner: Childline Mpumalanga
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 16016.08
Planned Funds: $410,000
Activity System ID: 16016

Activity Narrative: SUMMARY:

Childline Mpumalanga provides care and support services to orphaned and vulnerable Children (OVC) in five underserved and rural areas in Mpumalanga Province. The main emphasis areas of activities are training, reducing violence and coercion and local organization capacity building. Primary target populations are OVC, adolescents 10 to 24 years and people living with HIV and AIDS.

BACKGROUND:

Childline South Africa is a national non-governmental organization with eight affiliate offices providing services in all of the nine provinces of South Africa. The Mpumalanga office was established three years ago by Childline SA and Mpumalanga Department of Social Services to provide services to children in the province. Statistics South Africa estimates that approximately 18 percent of the children living in Mpumalanga province are OVC. Childline Mpumalanga aims to help restore and transform communities, facilitate the development of strong, community-based support systems for children affected by HIV and AIDS with the hope of assuring a secure and healthy future for the OVC living in Mpumalanga. The programs that Childline Mpumalanga offers are in line with the service specifications of the Department of Social Development as published in 2005, and included in the business plan of Childline Mpumalanga and partially subsidized by the Department of Health and Social Services of Mpumalanga.

Childline Mpumalanga is well known for its telephone helpline 'Crisis line' and offers therapeutic and face-to-face counseling services for children who have undergone serious trauma, including as a result of AIDS. In response to the increasing numbers of OVC, Childline has also developed a comprehensive outreach model that will help extend services to the most rural parts of the Mpumalanga province. Childline works closely with the Department of Education and implements HIV prevention and awareness programs and children's rights and child abuse programs in schools in Mpumalanga. Childline Mpumalanga also has a strong working agreement with the Office on the Rights of the Child from the Office of the Premier of Mpumalanga in their combined efforts to make the voices of children heard in the services delivered to children in the province.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening community care for OVC

Childline has conducted baseline research to identify five sites for service delivery. Childline has identified five projects with partners in rural under serviced areas with high numbers of vulnerable children, where community infrastructure will be developed to establish and deliver interventions for vulnerable children and their families. Each site will be managed by a dedicated social worker. This will include conducting the baseline needs assessment, drawing up a memorandum of understanding with the community, identifying role players and stakeholders, the recruitment of volunteers and setting up infrastructure for the project. This will ensure that OVC and people living with HIV in the community are aware of and able to access assistance for dealing with the needs of children who are orphaned, affected by child abuse or domestic violence, poverty, substance abuse and neglect. Each project site will be developed through networking with local tribal chiefs, municipal managers, community structures and members.

ACTIVITY 2: Human capacity development

This project will offer various trainings developed by Childline and available from the Department of Health and other sectors on children, on communicating/counseling children, dealing with children's rights, child abuse and the basic needs of vulnerable and orphaned children to community volunteers, parents, teachers, children and youth in order to set up networks and systems and to capacitate role players within communities to offer referral opportunities. Each site will advertise for volunteer counselors. Candidates will be interviewed and selected in conjunction with each site's governing body. Selected counselors will be trained on personal growth; communicating with children; and counseling skills. Trained caregivers will also be capacitated to provide case management to OVC to ensure comprehensive support and services are provided. Networking with schools, clinics, early childhood development centers and churches in the community will be facilitated to help in identifying vulnerable children in the community and implement service delivery to these children by volunteers that are trained in the community. In addition, each site's governing body and other community role players involved in service provision to OVC will also be trained using Childline's courses on organizational management and capacity building. The social worker will work with trained counselors to develop schedules and work hours for volunteer counselors. Monthly supervisory sessions will be set up with volunteer caregivers to share their trauma and provide debriefing session from their experiences in the filed and to deal with stress coping strategies.

ACTIVITY 3: Facilitating access to social security grants and OVC services

Childline will introduce counselors to the community through holding awareness campaigns at local schools, at mass meetings and through posters advertising Childline's services. Children identified as in need of services will be visited at home by trained volunteers who will conduct an assessment to identify the services each child needs. Childline will also organize 'Access Jamborees' with the Departments of Home Affairs, Social Services, Social Development, local government and tribal authorities. These Jamborees will enable not only vulnerable children but also other marginalized members from the community to access necessary legal documents; apply for social security grants and access information on services. Caregivers will follow up on all cases identified to ensure that OVC access services. Caregivers will also train household/family members on budgeting to ensure that OVC are cared for and maximizing the resources available. Caregivers will also provide households with information on other social, economic and health services available in each community such as health, education and social service provided by government as well as civil society.

ACTIVITY 4: Specialized psychosocial support for children

Counseling and therapy that is appropriate for their age, development stage and context, will be provided to OVC by social workers on a weekly basis. 24-hour Crisis line counseling will be available to all children and adults with concerns about children at the Childline office. This will serve as an access point to services

Activity Narrative: close to the child, and children calling the Crisis line will be referred to service providers in the geographical area where the child concerned resides. Trained counselors will follow up with children individually during home visits and provide referrals to child protection services available as necessary.
A needs assessment will be done with volunteer counselors to develop a year plan for monthly continuous training. Continuous training will be according to standardized SETA accredited training modules developed by Childline SA. Trends and new policy relating to child protection and the management of child abuse will also be covered during these trainings. Training with parties like South African Police Service, Department of Health, other government stakeholders and civil society organizations will also be facilitated to ensure collaborative service delivery to vulnerable children in the community. Service providers will be trained on communicating with children and on the emotional needs of children to ensure services are delivered with sensitivity to children needs.

ACTIVITY 5: Psychosocial support to caregivers

Social workers will supervise volunteer counselors from the community to ensure that children are provided with the care and support they need to cope with the situations they are facing as a result of the effect of HIV and AIDS on their lives. With PEPFAR support, children will be able to access services to obtain legal documents, cope with grief and loss, and deal with abuse and violence related issues. Children will be able to talk and think about relationships with parents, peers, siblings, opposite sex, step- and extended families. Quality of services rendered by volunteer counselors will be monitored thorough statistics, reviewing process reports, and holding monthly sessions for debriefing and in-service training.

ACTIVITY 6: Life Skills development

Social workers, in cooperation with local schools, will develop youth groups/clubs to actualize the youth potential to act as agents of change in their own communities. Focus group discussion will be conducted on a weekly basic dealing with various topics identified by the youth. Gender specific program for boys and girls will be offered. Trained counselors will facilitate youth groups providing educational support, recreation opportunities and life skills training focusing on HIV prevention, reproductive health and gender-based violence. A community event will also be identified, planned and executed with the support of the social worker by the youth to have a mass impact of the community e.g. National Aids day / Youth day to develop skills and create potential for young people to participate in organizing community care and support events.

Activities conducted by Childline Mpumalanga will contribute to the PEPFAR objective of providing 10 million people with care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14254

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	4,000	False
8.1.A Primary Direct	4,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	120	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Mpumalanga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7296.08
Mechanism: N/A
Prime Partner: Hands at Work in Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 15934.08
Planned Funds: $1,000,000
Activity System ID: 15934

Activity Narrative: SUMMARY:

Hands at Work in Africa (hereafter Hands at Work) will use FY 2008 PEPFAR funds to provide a holistic package of basic services to OVC, including increased access to educational support and social services through community-based programs in four provinces. The specific target population is orphans and vulnerable children and the major emphasis area is local organization capacity building.

BACKGROUND:

Established in 2002, Hands At Work (HAW) is a South African NGO that provides comprehensive care and support services to OVC and their families through a network of associated community-based organizations (CBOs). Hands at Work has a vision to reach 100,000 OVC by 2010 in sub-Sahara Africa. The Hands at Work model, and in particular, the Masoyi project, (described by various independent organizations as a best practice model) lends itself towards mobilizing new community initiatives in resource-poor settings. It model builds on the foundation of home-based care and local community ownership by mobilizing the local church to accept the biblical mandate to look after the sick and the dying in their communities and to care for the orphans. Hands at Work helps to establish, encourage and build capacity in CBOs that are formed out of local churches that agree to implement the Masoyi Community Intervention Model. With PEPFAR funding Hands at Work has reached 6500 OVC and over 1200 caregivers with an integrated service package that includes education, psychosocial and nutrition assistance. With FY 2008 funding, Hands At Work will continue to increase the program's reach and extend additional support to established care centers to provide support groups for young mothers, facilitate reintegration of young mothers into schools; ensure OVC access to counseling and testing and ARV treatment, when needed; train and mentor Community Child Care Forums (CCCFs) and provide life skills and prevention education for all beneficiaries. In addition, Hands At Work will also continue to implement income-generating initiatives, home-based care and resilience-building programs to further support improved security and livelihoods for children. The Hands at Work program is aligned with the South African National Action Plan for Orphans and Other Children made vulnerable by HIV and AIDS and the Department of Social Development (DOSD) Policy Framework and has a good relationship with both the national and provincial DOSDs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Local Organization Capacity Development

Local organization capacity will be developed through a CBO training and mentoring program. Partner CBOs are trained and mentored for an 18 month period in OVC care and support, and the provision of direct services to OVC; also developing and improving organizational capacity. Organizations are taught how to access and implement services within the frameworks provided by the departments of education, home affairs and DOSD. E.g., they are taught how to secure school fee exemption, rather than trying to raise funds for fees; how to apply for and access legal documents and secure grants; rather than directly paying monthly household expenses/needs. Hands at Work in Africa assists organizations with the development and use of data collection tools, methods and processes; implementation plans and subsequent monitoring, evaluation and reporting obligations. In the Training and Mentoring program, CBOs will be trained in organizational matters such as bookkeeping, proposal and report writing, conflict mediation, forming linkages and partnerships and establishing relationships with local government departments and local service providers (treatment sites etc.). Local organization capacity will be developed further with the training and mentoring of lead Child Care Workers in various organizations.

ACTIVITY 2: Human Capacity Development

Hands At Work will partner with 45 local CBOs to identify, train and mentor caregivers providing direct care and support services to OVC and their families. Training topics will include basic child care, the role of the childcare worker, OVC selection criteria and community care forums; minimizing discrimination and stigma, HIV prevention, children issues, promoting gender equality, child rights and protection; and caregiver participation in service delivery. Caregivers will also be trained to identify cases of vulnerability, abuse, ill health and HIV and AIDS infection and referral mechanisms. In addition, caregivers will receive training and support on family-centered care including basic parenting skills, nutrition counseling and food gardening and health. Hands At Work will support local CBOs to develop caregiver support groups, led by senior caregivers, to facilitate peer-to-peer support and information dissemination. Child care workers will also be the first link to ensure M&E data capturing and integrity. Each child care workers will be mentored on appropriate case management including documentation.

ACTIVITY 3: Psychosocial Support

Hands At Work will provide training and support to local CBO partners to provide a targeted psychosocial support to OVC and their families. Psychosocial support activities will include the provision of one-on-one counseling, group counseling (support groups), play therapy at care centers, and age-appropriate development programs such as youth camps (based on Survive Your Life and Better Choice curricula) and life-skills training. In addition, child-headed households (CHH) will receive training in grief managment, sexuality and HIV prevention. Support groups will also be formed for members of these households to provide ongoing counseling and support.

ACTIVITY 4: Educational Support.

Hands At Work's community care centers are multi-purpose centers based in the community and used for pre-school training for OVC and HIV-infected infants (0-5yrs), after-school care and homework tutoring, and nutritional support for CHH. All the centers follow a set, pre-school curriculum to ensure that OVC are adequately prepared for entry into primary school. Hands at Work works closely with the Department of Education to ensure every OVC is enrolled in school and exempted from school fees. Academic assistance and homework support will be facilitated at care centers by qualified teachers and volunteers, with a focus on English and mathematics. Care centers are also places of safety for OVC. All school going CHH OVC within the area of a care center will also receive nutritional counseling and a cooked meal (provided with non-PEPFAR funding) at the care centers. Food parcels (sourced through public-private partnerships) will also be provided to those children in need.

Activity Narrative:

ACTIVITY 5: Health

Workshops on HIV and AIDS information and education will be held with all the OVC above 10 years. All the OVC will be de-wormed at least once with assistance from the local health clinic. Health Care and home visits are provided to the OVC by the Home-based Care staff funded by other Hands at Work donors. The CBOs link OVC with health services including screening, immunizations and where needed home-based care services (varying from adherence monitoring, basic wound care to cleaning) as well as pediatric testing for infants and VCT for older OVC.

ACTIVITY 6: Legal Assistance and Economic Support

A birth certificate and identity document drive will enable social workers (who are employed to facilitate this intervention) to apply for government social grants for OVC who qualify for them. This intervention will assist government to fulfill their mandate as stipulated in the Department of Social Development's Strategic Framework. Blankets will be distributed to all the new OVC registered after October 2008.
Hands at Work will support skills training for older OVC and income generating activities for caregivers, to bring revenue and new skills that contribute to reducing the susceptibility of OVC and their caregivers to HIV infection.

ACTIVITY 7: Nutritional Support

Active support will be given to ensure that food gardens provide fresh produce to supplement monthly food parcels, and supply soup kitchens for daily meals provided to pre- and school going OVC at care centers. Provision of monthly food parcels is a wrap around activity funded through national and local business partnerships. Soya porridge is distributed to severely malnourished OVC as part of an emergency feeding scheme funded from non-PEPFAR sources. Nutritional education training will be given to OVC-headed households and caregivers to assist in improving OVC nutritional status by covering topics such as healthy food choices, food preparation and storage.

ACTIVITY 8: Prevention Education

HIV Prevention and protection training will be provided to child-headed households, primary caregivers (PCG), and OVC The training will focus on core themes such as life skills, gender equality, child protection with the view to reduce violence and coercion, sexuality, HIV and AIDS and reproductive health. The youth development programs, Survive Your Life, Better Choices and young moms focuses particularly on abstinence and faithfulness. The young mom program is focused on integrating the girls back into the education system while supporting them in caring for their babies.

Hands at Work contributes to the PEPFAR 2-7-10 goals of caring for 10 million people including OVC by strengthening the community-based network for OVC care and support in an accountable and sustainable way.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16089

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Estimated PEPFAR dollars spent on food	$10,000
Estimation of other dollars leveraged in FY 2008 for food	$72,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	5,500	False
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	9,500	False
8.1.A Primary Direct	9,000	False
8.1.B Supplemental Direct	500	False
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Indirect Targets

Children affected by being involved in the replication of effective Community Child Care Forums. The CCCFs being assisted will be listed, with their catchments areas and demographics in respect of the estimated OVC in the area (this would exclude OVC being reached directly with PEPFAR funds). Children that are involved in the replication of effective Community Child Care Forums will be the focus. CCCFs affect the lives of all the OVC in that specific community – this could range from a few hundred to a few thousand depending on the area. Hands at Work is working closer with the Mpumalanga Provincial Government to assist in developing and training CCCFs in communities outside of the current reach of projects affected by the PEPFAR direct targets. It is expected that this reach will increase as CCCFs become pivotal to the communities response to the vulnerability of children.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7297.08	**Mechanism:**	N/A
Prime Partner:	Health and Development Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	15935.08	**Planned Funds:**	$700,000
Activity System ID:	15935		

Activity Narrative:

SUMMARY:
This project is being initiated by the Department of Education (DOE) in the Free State province, managed and supported by Health and Development Africa (HDA). The project will support orphans and vulnerable children (OVC) through a school-based intervention in 90 schools in the Free State province, and the development of 18 Communities Child Care Forums (CCFs). Community Facilitators will work with structures at a school and district level to identify OVC and support them. The emphasis areas are human capacity development and local organizational capacity development. The specific target populations are OVC, and children and adolescents.

BACKGROUND:
Health Development Africa (HDA) is a South African health consulting company, which has been working in the field of HIV for the past 7 years. Between 2000 and 2003 HDA staff led and participated in a number of HIV Impact Studies for Ministries of Education across Southern Africa. As a result, HDA developed the Circles of Support (COS) model to provide education ministries with a model they could use to develop ways to support OVC within the education system. This model trains educators and community members to work together to identify vulnerable children. These children are then assisted with their basic needs and the project also ensures that children stay in school and complete their education. By using schools, which are present in all communities, the COS model becomes a sustainable way to support vulnerable children, and make sure that they do not get trapped in a cycle of poverty, which also makes them more vulnerable to HIV infection.

This project will build on existing initiatives to support OVC by the DOE that are already underway in the Free State province. It will also build on the Circles of Support (COS) project developed by HDA, and implemented in Swaziland, Botswana and Namibia between 2003 and 2005. While the project aims to target most of the OVC in the project schools, there will be particular focus on the vulnerable girls, and will aim to ensure that these girls continue with their schooling.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Training and Assessment
The first activity will be to review and adapt the materials that have been used for similar projects in Botswana, Namibia, Swaziland and the Eastern Cape Province. The DOE will assist HDA decide the most important content for the facilitation materials including but not limited to: Understanding children's lives, talking and listening to children, setting up a circle of support group at school, setting up a neighborhood circle of support group, basic HIV and AIDS knowledge, know the community your school serves, know who to ask for help and support, find ways to get financial or other material support for children, decide what action to take to help children, how to use the circles of support diary.

After this, HDA will train at least 6 Circles of Support (COS) facilitators (dedicated project staff) and at least 6 learning support facilitators (DOE staff) on the topics listed above. HDA will recruit the six facilitators in this period, and conduct training workshops that will allow them to start providing immediate training and support to the School-based Support Teams and the CCFs.

ACTIVITY 2: Capacity Audit
HDA will also coordinate a capacity audit in a sample of project schools. The capacity assessment processes will ensure that any significant policy or institutional issues that may impede the implementation of the project are identified at the beginning and discussed with the DOE and key stakeholders. This will ensure that the facilitation manuals and awareness materials are sensitive to the school environment and address key capacity gaps.

ACTIVITY 3: Community Care Forums
The third activity will be the facilitation and development of eighteen community forums. These structures will be established at the request of the Department of Education in the Free State. They are multi-sectoral bodies that can overcome some of the common obstacles that OVC face. For example, it is not possible for OVC to access child support grants without identity documents, but often this requires the Department of Home Affairs, as well as the police and other stakeholders to assist OVC to get all of the necessary documents in order.

Each local COS facilitator will be responsible for the development of three CCFs. This will involve identification of stakeholders, community mapping, introductory workshops, monthly meetings and oversight of a program of activities. It is expected that the CCFs will be operational within the first six months of project implementation. These forums will typically be made up of community members, as well as representatives from the Departments of Education, Health and Social Development (DOSD). HDA will orient and train the CCF members, using a similar curriculum to that used for the School-based Support Teams (SBSTs). After this the COS facilitators will ensure that community forums meet at least monthly, and that any problems within the SBSTs are being raised and solutions discussed.

ACTIVITY 4: Strengthening School-based Support
HDA will partner with 90 schools in the Lejweleputswa district to establish SBSTs. SBSTs will include teachers, concerned parents and community members who can play an active role in supporting children. In schools where the Department of Education has established Health Advisory Communities (HACs), the HAC will serve as the SBST. These SBSTs will be supported by a local COS facilitator and learning support facilitator/s. The local COS facilitator will lead the process of introducing the COS project to SBSTs and will, through a program of half day workshops train SBST members on the needs of vulnerable children, how to identify children, community mapping, networking with government and other resources, action planning and monitoring and reporting.

Once members of the SBST have been trained they will start to actively identify vulnerable children in the school. All teachers will be asked to be involved in a process of identifying these children, many of whom are already known. Although the initial process will prioritize children in school, it is expected to extend to siblings who are not in school, and also children who have dropped out of school. The children that are supported at school will not be identified as "AIDS orphans", and the HDA will train the teachers to approach all vulnerable children in a sensitive manner.

ACTIVITY 5: Care and Support

Activity Narrative: HDA and the Department of Education will ensure that all children who are identified through this project are provided with a package of services through referrals to ensure that the child's needs are met as comprehensively as possible. The SBST will meet monthly, and discuss and assess the children who are being supported.

After a child has been identified, members of the SBST will conduct interviews with the child and caregivers to determine the child's needs, and to discuss priority interventions. If necessary home visits will be organized to establish the circumstances under which the child is living. Once the needs assessment is completed the SBST will provide the child with support to meet their needs. This support is likely to include the following: provision of school equipment and uniform, assistance to ensure exemption of school fees, working with local clinics to get access to health care, and assistance with ensuring the child receives a social grant and nutritional support. This is usually delivered by referring the child to NGOs working in the community, or through helping the school set up a feeding program. Children will also receive assistance with home care and homework. Often these children are looking after ill adults and younger children. The SBST works with neighbors and community organizations to make sure that these children get support in these tasks, while at the same time get help with their own school work. There may be extreme cases where children are in severe need, either because they do not have housing, or food, or are being abused in some way. In this case the SBST will work closely with the DOSD and the South African Police, to ensure the safety of that child.

If the SBST is unable to find a way to provide for child's needs, they will then consult the COS facilitator and the Community Forum. The COS facilitator will also help to share experiences between SBSTs, and highlight solutions that can then be used in other areas. The COS facilitator will also help to monitor the progress that the SBSTs are making.

The COS Project will ensure the following is monitored in terms of gender: the gender of OVC receiving direct support, the involvement of women in all COS structures (particularly at the local level where there can be over representation of women), adequate involvement of men in COS structures. Additional exercises specifically addressing gender issues will be integrated into set-up training. For example, the training will focus on the increased vulnerability of girls, and ways to ensure that girls are kept safe, both in and out of school. Training will also discuss critical child safety and protection issues such as sexual abuse. SBSTs will be encouraged to introduce child participation activities designed to build self esteem of vulnerable children, particularly girls where this may be necessary to build resilience.

By the end of FY 2008 all 90 schools will be actively implementing COS support activities. While the main focus of the SBSTs is to keep OVC in school, other services will be to ensure that OVC get social grants, to provide psychosocial support, and to provide for material needs where this is a problem for that child. The schools will get some funds for emergency support for OVC, which may include the purchase of food, transport of children and caregivers to places of safety, etc.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14254

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	5,400	False
8.1.A Primary Direct	3,000	False
8.1.B Supplemental Direct	2,400	False
8.2 Number of providers/caregivers trained in caring for OVC	540	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Teachers

Coverage Areas

Free State

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7338.08 **Mechanism:** UGM

Prime Partner: Family Health International SA **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Orphans and Vulnerable Children

Budget Code: HKID

Activity ID: 16089.08

Activity System ID: 16089

Program Area Code: 08

Planned Funds: $679,000

Activity Narrative: SUMMARY:

Currently, USAID/South Africa (SA) supports institutional capacity-building of indigenous organizations that implement PEPFAR programs, including OVC focused care programs, through three competitively-selected Umbrella Grants Mechanism partners: Pact, the Academy for Educational Development (AED), and Family Health International (FHI). The main purposes of these UGM projects are to: (1) facilitate further scale-up of OVC services in the short term; and (2) develop indigenous capability thereby creating a more sustainable program. The emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). The current UGM with FHI will support five sub-partners who have transitioned over from Pact and five new sub-partners. The activity described below refers only to the USAID/SA UGM project managed by FHI.

BACKGROUND:

USAID's Health and HIV/AIDS strategy responds to the overwhelming challenges posed by the HIV and AIDS epidemic on individuals, communities and society in South Africa. In response, the Mission has obligated funds to many partners and sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS, including organizations that are providing comprehensive services to OVC. Through this UGM, FHI is responsible for managing sub-grants to ten of USAID's partners (all of whom submit their own COPs directly to USAID). As USAID's prime partner and the managing umbrella organization, FHI will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients who, in turn, carry out the assistance programs. Thus, FHI functions primarily as a sub-grant making entity, and a relatively small percentage of overall funds is used for administrative purposes. Given that grant recipients require significant technical assistance and management support to grant recipients, FHI will devote a reasonable percentage of overall funding to provide this support.

USAID closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments at national and/or local (i.e., provincial and district) levels, the umbrella grant's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development (NDOH, DOSD), and representatives from the provincial departments.

Under this UGM with FHI USAID is supporting six indigenous and international NGOs providing care and support services to OVC in South Africa. Active in all provinces except Eastern Cape, these partners identify and train caregivers, establish community care centers, and provide psychosocial support. These are: Mpilonhle, NOAH, PSA-SA, Starfish, Hands at Work, and Heartbeat. Grants to OVC partners support a range of locally-driven best practices for orphan care using a variety of models of service delivery and working in collaboration with the South African Government's Department of Social Development. During their partnership with PEPFAR, OVC partners will increase their reach two to three-fold. This scale-up will require adequate financial, monitoring and evaluation, and management systems to accommodate growth and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008, USAID will continue to support current OVC partners through this UGM with FHI. Funds budgeted under this narrative will support costs for administering and managing these OVC sub-partners of FHI. Separate COP entries describe the OVC activities implemented by each sub-partner under FHI. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and an important strategy for achieving prevention, care and treatment goals of PEPFAR to ensure long-term sustainability of programs and organizations.

ACTIVITY 1: Grants Management

The umbrella mechanism will award and administer grants to partners selected through the PEPFAR APS competitive process to implement OVC activities. These are: Mpilonhle; NOAH; PSA-SA; Starfish; Hands at Work; and Heartbeat. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor OVC partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building

The new umbrella mechanism will support institutional capacity building of indigenous organizations, defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support. The umbrella partners will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing OVC activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

The umbrella mechanisms will provide support to OVC partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of OVC partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanism will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16087, 16088, 13786, 14029, 15936, 15934, 13835, 14251, 16090, 16091

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
14251	3052.08	6754	504.08		Nurturing Orphans of AIDS for Humanity, South Africa	$1,998,200
13835	3061.08	6627	513.08		Starfish	$1,000,000
15936	15936.08	7298	7298.08		Heartbeat	$750,000
15934	15934.08	7296	7296.08		Hands at Work in Africa	$1,000,000
14029	8246.08	6688	4755.08		Mpilonhle	$540,000
13786	8251.08	6610	4757.08		Project Support Association of Southern Africa	$350,000
16090	16090.08	7338	7338.08	UGM	Family Health International SA	$363,750
16091	16091.08	7338	7338.08	UGM	Family Health International SA	$1,011,800

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6155.08

Mechanism: UGM

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12514.08

Planned Funds: $2,940,000

Activity System ID: 14254

Activity Narrative: SUMMARY:

Pact's Rapid Response for HIV/AIDS in South Africa is an umbrella grant mechanism for USAID PEPFAR grants identified through a USG interagency competitive process. Pact's primary goal is to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and quality services. Primary target populations include Non-Governmental Organizations (NGOs), Private Voluntary Organizations (PVOs), and Faith-Based Organizations (FBOs). Pact's major emphasis is the enhancement of local sub-partner capacity through the development and implementation of documented organizational systems and procedures and human capacity development at management and operational levels.

BACKGROUND:

Since 2004, Pact has facilitated the efficient flow of grant funds during the rapid scale-up of the PEPFAR South Africa program. Pact provides PEPFAR funding and assistance to over 30 total PEPFAR partners and sub partners in South Africa playing valuable roles in the fight against HIV and AIDS.

Grants to OVC partners support best practices for OVC care using a variety of models of service delivery and working in coordination with the South African Government. During their partnership with PEPFAR, Pact OVC partners will significantly increase their reach. Scale up will require strong financial, monitoring & evaluation (M&E), and management systems to accommodate growth and maximize sustainability. Pact conducts technical assessments of OVC partners and sources the assistance required to address any gaps in service delivery. In FY 2008, Pact will continue to provide capacity building support to all OVC partners. Pact will also facilitate the sharing of established systems between emerging and well-established partners to further support enhanced and expanded networks of care.

Pact has contributed to the 2-7-10 PEFPAR goals through support to 11 PEPFAR partners providing care and support services to over 60,000 OVC in South Africa. Active in all nine provinces, these partners identify and train caregivers, establish community care centers and provide psychosocial and educational support. Ongoing efforts to secure identification documents, social grants, increased access to education and protection from abuse and exploitation have resulted in improved livelihoods for vulnerable children.

FY 2008 additional funds awarded to DSD under the PEPFAR sub-contract line item USAID/SA proposes to expand its collaboration and partnering with the South Africa DSD in to promote the well-being of OVC in South Africa.

ACTIVITY 1: Grant Management

Pact conducts a participatory assessment of each partner organization and collaboratively develops an organizational capacity building strategy that details planned interventions. These assessment results also inform Pact of what type of assistance must be provided urgently in order to ensure that the organizations comply with USAID rules and regulations.

Prior to the signing of grant agreements, Pact provides extensive assistance to organizations in developing comprehensive program design documents that accurately reflect planned activities and clearly articulate defined goals and objectives. Further assistance is provided in costing program activities and developing a detailed budget that is consistent with program objectives. Pact assists partners in developing realistic cost share levels and emphasizes the sustainability aspect of this requirement. After the signing of the agreement, Pact works with each partner in developing a very detailed annual work plan that includes specific activities to be implemented, timelines, budgeted amounts, target beneficiaries and projected reach. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of partner organizations to diversify their funding base and ensure sustainability.

ACTIVITY 2: Human Capacity and NGO Development

Pact has developed a customized training series to orient new partners and their sub partners. The training series includes basic and advanced grants and sub grant management which addresses USAID rules and regulations, good governance and minimum financial management standards. Monitoring and evaluation courses cover basic principles of monitoring and evaluation and PEPFAR data requirements as well as internal data quality assurance. Refresher courses are also offered throughout program implementation. Pact also ensures that ongoing, intensive on- site training and mentoring is provided to partners and sub partners. On a quarterly basis, Pact assesses the level and type of assistance required by each organization and develops a site visit plan that ensures that the necessary support is delivered to each partner and sub partner. Pact organizes and supports technical consultation meetings for the sharing of best practices and lessons learned among PEPFAR and non-PEPFAR partners. As required, technical assistance from select regional and international providers is sourced to assist partners in improving their technical capacity.

ACTIVITY 3: Monitoring and Evaluation (M&E)

Pact SA assists each grantee in developing a results framework that tracks success against both PEPFAR program and organizational indicators. Pact further assists partners and sub partners in the development of monitoring, evaluation and reporting (MER) plans and systems. Participation in a five day M&E training is mandatory for all partners prior to full implementation. Pact provides additional M&E assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems, conducting internal data quality audits and verifying and validating partner and sub-partner data submissions.

ACTIVITY 4: Program and Financial Monitoring

Pact recognizes the importance of monitoring partner and sub partner program progress and early identification and resolution of implementation issues. Pact has frequent and regular contact with partners and if technical/programmatic gaps or problems are identified, ensures that issues are promptly addressed and resolved.

Activity Narrative:

In addition to monitoring program progress, Pact closely monitors partner financial management and ensures that grants funds are utilized only for activities approved by USAID under PEPFAR funding. All partners submit monthly financial reports that that detail and document expenditures. Once Pact has ascertained that the partner has implemented and/or strengthened financial management systems which fully comply with USAID regulations, the documentation requirement is removed and only the monthly reporting requirement remains in effect. Pact finance staff visit partners every quarter to audit program expenses and accompanying documentation, compliance with USAID rules (including branding requirements) and cost share.

ACTIVITY 5: Technical Assistance

Pact will provide and manage direct technical assistance in prevention, care and support strategies for all sub-grantees. Pact technical staff will conduct assessments and provide consultation and training on the development and implementation of programs and services (in line with best practice models, donor and SAG recommended methodologies and standards). In addition, sub-grantees will be supported with guidance and ongoing assistance on the design and delivery of partner HIV and AIDS curricula, training modules and publications. Pact will also work closely with partners to ensure the effective incorporation and strengthening of nutrition and food security, protection services, gender mainstreaming, and human capacity development in existing programs.

FY 2008 REPROGRAMMING:

ACTIVITIES AND EXPECTED RESULTS:
PACT will provide the following support to the DSD:
Exploration of opportunities for co-funding programs and assessing current co-funded programs to lessons learned and identify scalable best practices. Continuation of technical, training and consultative support in the areas of M&E of programs in support of the DSD Strategic Plan for OVC and Child Protection. Providing TA on gender issues as they affect OVC programs. Assist with assuring that appropriate information is available for OVC policy makers (e.g. studies, assessments, research). Providing support for forums, sharing and skills development workshops, etc. in an effort to obtain broad based participation, input and feedback for identifying the most effective action steps and interventions. Continuation of efforts to develop an OVC Quality Improvement Program for OVC service in South Africa. Develop a focused bereavement counseling activity for specific groups. Custom designed bereavement counseling will be developed and grief workshop developed to strengthen the capacity of OVC, their family and caregivers so that effective grief work will cascade down to the younger children receiving care. The focus will be on OVC caregivers at all levels.

These activities are inherently aligned to several South African policy frameworks, including the National Department of Social Development Strategic Plan 2005/2005-2009/10, the HIV&AIDS and STI National Strategic Plan 2007-2011 (NSP), the National Action Plan for OVC and Other Children Made Vulnerable by HIV and AIDS (NAPOVC), the National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS, and is rooted in conducting all activities in line with the new Children's Act (CA). The proposed activities also support government's efforts to develop policies, strategies and programs on integrating services for orphan and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12514

Related Activity: 14252, 14253, 14255, 14256, 13845, 14032, 13962, 13908, 13726, 13729, 13759, 13806, 13346, 13805, 13373, 16016, 15935

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22882	12514.22882.09	U.S. Agency for International Development	Pact, Inc.	9815	6155.09	UGM	$1,883,555
12514	12514.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		$1,150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13805	2994.08	6615	335.08		Salvation Army	$1,350,000
13373	6562.08	6454	4626.08		African Medical and Research Foundation	$2,231,000
13806	3054.08	6616	509.08		Save the Children UK	$3,395,000
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13759	3294.08	6597	2798.08		CompreCare	$800,000
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
14032	3128.08	6689	2312.08		National Association of Childcare Workers	$3,922,500
13729	7958.08	6585	4619.08	CINDI	Children in Distress	$1,000,000
13726	3060.08	6584	512.08		Child Welfare South Africa	$1,840,000
13908	6561.08	6647	4103.08	World Vision	World Vision South Africa	$3,939,000
13845	8269.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
16016	16016.08	7313	7313.08		Childline Mpumalanga	$410,000
15935	15935.08	7297	7297.08		Health and Development Africa	$700,000
14255	12410.08	6755	6155.08	UGM	Pact, Inc.	$485,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7298.08	**Mechanism:**	N/A
Prime Partner:	Heartbeat	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	15936.08	**Planned Funds:**	$750,000
Activity System ID:	15936		

Activity Narrative: SUMMARY:
Heartbeat will use PEPFAR funds to assist in providing a holistic package of basic services to orphans and vulnerable children (OVC), including increased access to educational support and psychosocial support services through community-based programs in eight provinces. Specific target populations include OVC, their families and caregivers. The major emphasis areas for the program are human capacity development and local organization capacity building.

BACKGROUND:
In the seven years since its inception, Heartbeat has successfully worked with partners to implement projects in seven provinces, meeting the needs of 11,000 orphaned and vulnerable children and approximately 1,100 primary caregivers. Heartbeat is reaching these children through two priorities: (1) their own direct project initiatives and (2) their training and mentorship initiative.

Heartbeat projects are physical communities and sites from which the organization runs its services. Heartbeat reaches three specific categories of children in their projects, namely: (1) Children living in child-headed households (CHH), approximately 10% of the children; (2) Children living in relative - (mostly grannies / aunts) headed households (RHH), approximately 60% of the children; and (3) Children living with a primary caretaker that is terminally ill (PO). Heartbeat programs contribute to the positive transformation of the whole child. These programs are sustainable and focused and are delivered through project sites called After School Centers. These programs include: material provision, education, children's empowerment, rights and access to basic services, capacity building and a sponsorship program through Sponsor a Child in Need (SACIN).

The services that Heartbeat provides are provided in partnership with other stakeholders in a supply-chain, for example Heartbeat partners with stakeholders that assist with Early Childhood Development Services (e.g. Project Head start); Tertiary Education Support especially for older OVC and as part of an exit strategy for OVC that reach 18 years (e.g. Tomorrow Trust; CIDA City University Campus); Sports and Recreation and Health care training and support (Big Shoes Foundation which provides medical care to OVC especially those affected by HIV and AIDS). Through this chain of service providers, Heartbeat has a continuous and close collaboration with other NGOs, the South Africa Government, Public-Private Partnerships (PPP), Community-based Organizations (CBOs) and individuals.

Apart from implementing the recognized Heartbeat Model of Care for OVC, Heartbeat has also developed a Mentorship Program to extend their reach to more children by empowering existing organizations (e.g. CBOs and FBOs), to implement the Heartbeat model of care. Heartbeat's program is aligned with the South African National Strategic Plan for Orphans & Other Children made vulnerable by HIV/AIDS and the Department of Social Development's (DOSD) Policy Framework. Heartbeat is also part of the National Action Committee for Children affected and infected by HIV and AIDS.

Heartbeat services and program are supported by partnerships with the South African Government, international funding and with business, including more than 30 business contributing small and large amounts of money to support services such as food parcels, seedlings for food gardens, home visits, toiletries, psychosocial support and educational support. Heartbeat's largest donor through a PPP is Tiger Brands, which has supported Heartbeat with food parcels since 2002.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Local Organization Capacity Development
Core to Heartbeat's scale-up strategy is a sustainable training and mentoring program. Partner organizations are trained and mentored for a 24 month period in OVC care and support and direct service provision to OVC; as well as developing and improving organizational capacity. As the number of capacitated organizations increase nationally, more OVC can be cost effectively reached and brought into a safety net of care in a way that ensures sustainable service delivery. Heartbeat will work to access and implement services within the frameworks provided by the Departments of Education, Home Affairs and Social Development. Partner organizations will be trained and mentored to secure school fee exemption, rather than trying to raise funds for fees and to apply for and access legal documents and secure social grants; rather than directly paying monthly household expenses and needs. Heartbeat delivers other services such as psychosocial support and legal aid services in partnership with these organizations in eight provinces in South Africa.

ACTIVITY 2: Human Capacity Development
As part of the Heartbeat's "Tswelopele" Training and Mentoring program, Heartbeat and other partners' care workers will be trained in organizational matters such as OVC care and support topics that include basic child care, the role of the childcare worker, establishing OVC selection criteria and community child care forums; minimizing discrimination and stigma, HIV/AIDS and children issues; and promoting gender equality, child protection and participation and psychosocial support services in service delivery. Organizations with care workers should proof potential to be sustainable, i.e. have the ability to attract donors to support the implementation of the Heartbeat model of care. Basic parenting skills, nutrition and food gardening form part of the curriculum. Orphaned and vulnerable children will in addition receive training in child protection and child participation, gender equality, sexuality and HIV prevention and AIDS information.

ACTIVITY 3: Psychosocial Support
The psychosocial support programs link OVC to psychological and emotional care and leads to the empowerment of children and improvement of their well-being. A network of care workers regularly visit OVC at their homes to offer emotional support and practical support, i.e. household chores, cooking, cleaning and some homework assistance. These care workers are recruited from advertisements in communities. PEPFAR funds will be used to provide training, ongoing supportive supervision and mentoring to care workers as well as stipends. Psychosocial support services to children will include support groups, individual counseling, bereavement support, memory work, children's workshops, puppet shows, and youth camps.

ACTIVITY 4: Prevention and Protection
Heartbeat will provide age-appropriate developmental programs will include children's workshops, puppet

Activity Narrative: shows, and youth camps in FY 2008. The youth camps (for older OVC) will focus on core themes such as life skills, gender equality, child protection (including issues around alcohol and drug abuse) with the view to reduce violence and coercion, sexuality education, HIV and AIDS prevention information and reproductive health. The youth camps will also train and mentor young peer educators through a partnership with Harvard School of Public Health. The children workshops will enforce prevention messages regarding HIV and AIDS and will focus on child protection and gender equality information and tools. The puppet shows will have a specific focus on values and child protection and will be done among other with Heartbeat's Early Childhood Development partners and projects.

ACTIVITY 5: Educational Support
School uniforms and stationery are supplied to OVC as part of Heartbeat's educational program with funding from Heartbeat's other corporate and international donors. This is a very important intervention as it is known to reduce stigma and discrimination and thereby encourage school attendance. PEPFAR funding will be used to fund academic assistance and homework support facilitated at After School Centers by qualified teachers and volunteers or in partnership with Tomorrow Trust, with a focus on English and Mathematics during school holidays. Heartbeat's After School Centers are also places of safety and support for OVC and provide a hub from which Heartbeat delivers other necessary services to OVC.

ACTIVITY 6: Legal Assistance and Economic Support
PEPFAR funding will support a birth certificate and identity document drive that will enable social workers (who are, and will be, employed by Heartbeat to facilitate this intervention) to apply for government social grants for OVC who qualify for them. This intervention will assist government to fulfill their mandate as stipulated in the DOSD's Strategic Framework. PEPFAR funding will also ensure that blankets be distributed as one intervention that will provide a safe and secure environment for OVC. Other services that will also contribute to the safety and security of children include child protection workshops, abuse interventions from social workers, mobilization of the Community Child Care Forum that consists of concerned community members, access to the After School Centers and visits from the care workers.

ACTIVITY 7: Nutritional Support
Food gardens provide fresh produce to supplement monthly food parcels, and meet the needs for daily meals provided to pre- and school going OVC at Heartbeat's After School Center and the Heartbeat supported pre-schools where OVC are integrated. PEPFAR has supported the establishment and maintenance of these food gardens in the past and will continue to support this initiative in FY 2008. Furthermore, nutritional education training will be given to OVC, caregivers and pre-school teachers, to assist in improving OVC nutritional status by covering topics such as healthy food choices, food preparation and storage. Provision of monthly food parcels is a wrap around activity funded through national and local business partnerships (e.g. Tiger Brands a local food producer). Food parcels with non-perishable food products are provided to families without any government economic support (grants) from non-PEPFAR sources.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16089

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$4,000
Estimation of other dollars leveraged in FY 2008 for food	$615,000

Public Private Partnership

Estimated local PPP contribution in dollars	$1,000,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	12,500	False
8.1.A Primary Direct	6,000	False
8.1.B Supplemental Direct	6,500	False
8.2 Number of providers/caregivers trained in caring for OVC	125	False

Target Populations

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3462.08

Mechanism: DoE

Prime Partner: National Department of Education

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 14042.08

Planned Funds: $291,000

Activity System ID: 14042

Activity Narrative: SUMMARY:

Support for orphans and vulnerable children (OVC) and training for their caregivers in targeted schools will be carried out by a local NGO to support the Department of Education (DOE), to improve the lives of the OVC. Activities will provide services to OVC in schools and will train caregivers to mentor and support OVC. Primary areas of emphasis will be gender, human capacity development, psychosocial support, education and training to support OVC. The program will support the DOE strategy to use schools as full service centers for learning, teaching, prevention care and support. The target population will be OVC and children ages 5 - 17 in Grades 0 - 12, and caregivers servicing the focus schools.

BACKGROUND:

The DOE is committed to increasing access to quality education for all students including students with special needs. Policies are in place to address student retention rates at schools through the expansion of the feeding scheme program which provides access to nutritious food. DOE is focusing at improving access for children in rural areas and exemption and elimination of school fees for children whose parents cannot afford the cost of education. The no fee paying schools offer access to five million children. The DOE's inclusive education polices are aimed at creating an education environment where there is no discrimination. The DOE uses a district-based approach to support a cluster of schools with special needs. Some of these schools have been earmarked as full service schools where therapy, counseling, assessment, treatment, care and support will be provided to students who require these services.

Many children in rural areas do not have access to any of the services discussed above. Girls still suffer from various forms of discrimination. Children have to travel long unsafe distances to school and in some instances they experience abuse and rape along the way. Other children are abused in their homes, maltreated their peers, and live without adequate adult support and supervision. In some cases children are absent from school due to ill health or psychosocial factors. Children are marginalized and stigmatized due to their disability, ill-health or when parents are terminally ill or have died of AIDS. In rural areas children with disabilities do not have easy access to schools due to lack of transport. They are sometimes hidden by families or mainstreamed without recognition of their disabilities.

ACTIVITY 1: Caregiver Training

This program will provide training for caregivers to support children and teachers to address disability and vulnerability issues. The education system is not equipped with qualified caregivers, social workers, psychologist, and therapists to assess, and provide support to children with disabilities, children traumatized due to death of a parent, or children infected with AIDS. Teachers do not have adequate skills and the capacity to serve as counselors and caregivers. Human and physical resources are limited to urban areas and economically affluent schools. While the DOE has set aside finances to support children with disabilities, this plan has not yet started to yield the desired results due to lack of capacity. Support will include training for 30 caregivers from school governing body members to increase capacity to offer quality education to OVC and disabled children. Support will increase measures to protect OVC from violence, exploitation, discrimination, abuse and obviate any secondary trauma that may result from their orphanhood and/or vulnerability. Training for caregivers will impart skills to mitigate the impact of HIV and AIDS, address disabilities and fight discrimination. Caregivers will receive training to identify OVC, access for referrals for the identified children to appropriate service providers, establishment and support of child care forums and monitoring and evaluation systems to ensure that there is accurate data to respond to emerging problems. The skills acquired through the training will also assist members of the local community especially women to access income.

Other education funds will be leveraged to provide a comprehensive integrated wraparound OVC program. Support will include conducting a baseline study in target schools to determine the specific needs of the students. The targeted schools will receive support for abstinence and be faithful activities.

ACTIVITY 2: OVC with Disabilities

PEPFAR funds will assist 2000 OVC to fight the impact of HIV and AIDS and address disabilities. USG funds will be used to strengthen mentoring training programs for OVC and more vulnerable disabled children and increase access to social services, health, nutrition, and education. Activities will support prevention against HIV and AIDS, equip children with skills to counter abuse, teach children about gender-based violence prevention, offer OVC career guidance opportunities, tertiary education and training programs, child protection services and legal aid. Training and workshops will address psychosocial issues for OVC in schools, integrate HIV and AIDS and gender into the curriculum, addressing sexual harassment, sexual abuse and unwanted pregnancies to reduce abuse and cohesion.

Support will be linked to the schools that are currently receiving peer education assistance and special schools identified by DOE as full service schools. This link is aimed at consolidating USG education support to ensure comprehensive programming in the area.

The OVC program will support children in a cluster of 200 rural KZN schools. The program will focus at the Kokstad, Mzimkulu schools in the Sisonke District with high poverty levels and HIV prevalence rates. OVC include children with mental, physical and learning disabilities, and children orphaned by AIDS. The support to OVC is in line with the DOE's objectives on inclusive education, and uses schools as supportive centers of learning.

In KZN the provincial education department is working with other donors and local NGOs to strengthen school structures to provide care and support for children and teachers. This program will be implemented in collaboration with other ongoing DOE activities. Other partnerships will include establishing links with local health, social, law enforcement and legal aid services. This is to ensure that the activity is integrated with existing service institutions in the area to sustain the collaboration between education, health, social services and police. A local service provider will be identified competitively through an Annual Program Statement to implement this program.

The results of this activity will contribute to the PEPFAR 2-7-10 goal of 10 million HIV-infected and affected

Activity Narrative: individuals including orphans and vulnerable children received care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14041, 14045

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14041	4784.08	6692	3462.08	DoE	National Department of Education	$1,746,000
14045	14045.08	6692	3462.08	DoE	National Department of Education	$242,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	30	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	2990.08	**Planned Funds:**	$485,000
Activity System ID:	13955		

Activity Narrative: SUMMARY:

The Johns Hopkins University/Center for Communication Programs (JHU/CCP) will implement an orphans and vulnerable children (OVC) intervention that builds networks of support around OVC, their caregivers and educators. OVC will be assisted in accessing basic needs and psychosocial support. Proven psychosocial models for supporting OVC will be used to build the capacity of organizations working with OVC. The target populations for this program are OVC, people living with HIV, religious leaders, and teachers and existing PEPFAR partners. The major emphasis area for the activity is local organization capacity building.

BACKGROUND:
This program is now in its third year and focuses on using tools developed in past years to work with communities, caregivers and OVC to implement appropriate responses which address a range of OVC needs, including physical, social and emotional issues. DramAidE, The Valley Trust and the Anglican church have worked with schools, FBOs and CBOs to identify OVC, who have received needed services. This partner's activities to date include community mobilization for the provision of psychosocial and direct support for OVC in communities. Direct support includes; home visits to OVC to monitor their progress, referrals to social workers, tribal authorities, assisting in applying for the waiving of school fees for OVC through the Department of Education, referrals to the Department of Social Development and the Department of Home affairs for Child Support, Foster Care and Child Dependency grants. Support has also focused on collaboration with local police and other community organizations to promote child protection.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Direct Support to OVC

The Valley Trust (TVT) works in the rural areas of KwaZulu-Natal and identifies and trains caregivers within local communities to provide direct care and support to OVC. This includes protection from abuse and exploitation and working with school officials to identify and work with OVC who are trained as Peer educators within the school settings. Peer Educators identify and work with other OVC on creating safe spaces and providing psychosocial support that that uses group recreational activities including music, drama and sports to decrease social isolation. Peer Educators also provide support to OVC for bereavement and compiling and maintaining memory boxes.

DramAidE Community facilitators (CFs) are trained to work in communities to assist OVC to gain access to basic material needs and ongoing psychosocial support activities. In addition to providing direct assistance to OVC, CFs work with communities, FBOs, NGOs, educators and caregivers to lay the foundation for community action in support of these OVC.

Through these activities DramAidE and TVT strengthen the capacity of the communities to be able to respond to the needs of and to develop a culture of care, nurture and support for OVC.

ACTIVITY 2: Technical Assistance (TA) for PEPFAR OVC Partners on Psychosocial Support

DramAidE provides training and technical assistance on psychosocial support to other PEPFAR OVC partners. Creative, interactive and culturally appropriate activities to reach OVC, such as drama, storytelling and workshops are used to equip and enhance existing PEPFAR OVC programs in responding to the psychosocial needs of OVC and include HIV prevention interventions for OVC which are age appropriate. Educators and caregivers are trained and provided with on-going support in implementing these programs. The meaningful participation of affected children, OVC and youth is critical to the success and sustainability of any effective intervention targeting OVC. To this end, OVC are consulted regarding their needs and are involved in developing local support networks.

ACTIVITY 3: Communication Training

JHU/CCP and PEPFAR partner Soul City work together to provide communication training to assist caregivers in developing tools and skills which will enhance their ability to provide more effective and efficient services. Interpersonal communication skills training will be conducted, and a core set of materials adapted from media programs, along with facilitator guides, will also be produced and distributed as part of this activity.

These activities will contribute towards meeting the vision outlined in the USG Five Year Strategy for South Africa, by providing care for children made vulnerable by HIV and AIDS through the expansion of community capacity to deliver good quality care. In addition they increase OVC access to government support systems, and strengthen linkages and referral systems to other social services such as health, education and social welfare. The latter will be achieved through the establishment of child care forums with all relevant stakeholders, including government departments that provide services to OVC; compilation of directory of government and civil society services available for children and also through facilitation of community conversations for OVC, pre-school practitioners, school governing bodies, community policing forums, other stakeholders and youth caregivers to address stigma directed at OVC

JHU/CCP and its partners contribute towards the attainment of the National Strategic Plan target of ensuring that 80% of people living with HIV and their families are provided with an appropriate package of treatment, care and support through ensuring the effective implementation of policies and strategies that mitigate the impact of HIV on orphans, vulnerable children and youth-headed households.

Activities implemented by JHU/CCP will contribute to the PEPFAR objective of providing care to 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7534

Related Activity: 13965, 13952, 13953, 13954, 13964, 13956, 13957, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23079	2990.23079.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$485,452
7534	2990.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$500,000
2990	2990.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	2,000	False
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	7,000	False
8.1.A Primary Direct	7,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Indirect Targets

JHU/CCP will not report on any indirect targets.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Gauteng

North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4749.08

Mechanism: N/A

Prime Partner: Ingwavuma Orphan Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8245.08

Planned Funds: $600,000

Activity System ID: 13984

Activity Narrative: SUMMARY:

Ingwavuma Orphan Care (IOC), in partnership with Lulisandla Kumntwana (LK), provides psychosocial, educational and nutritional support to OVC and facilitates access to government social grants and other social services. Activities aim to extend the reach of OVC projects in Ingwavuma and Mseleni areas of Northern KwaZulu-Natal. FY 2008 funding will be used to double the numbers of OVC reached. The primary emphasis area for this project is human capacity development with additional emphasis on local organization capacity development, development of network/linkages/referral systems and training. The primary target populations are OVC, HIV-infected children, and caregivers of OVC.

BACKGROUND:

This project is part of the work of two organizations, Ingwavuma Orphan Care (IOC) and their partner Lulisandla Kumntwana (LK), which began their work in 2000 and 2002, respectively. The organizations work in adjacent districts in Northern KwaZulu-Natal, covering an area of around 4,000 square kilometers between them. There are thought to be about 10,000 orphans (both parents deceased) in this area. Most of the other 100,000 children under 18 in the region could be said to be vulnerable due to poverty and the severe impact of HIV and AIDS in the community. The organizations have been networking with each other since 2002 and benefit from this partnership through sharing ideas, information and resources, and occasionally loaning each other staff with particular expertise. Both organizations were new to PEPFAR in 2007, and are registered as Welfare Organizations with the South African Department of Social Development (DOSD). Three of their social workers are funded by the DOSD. IOC also has strong links with the Department of Home Affairs and its paralegal officers assist clients with getting their applications in order to secure birth certificates, death certificates and identity documents from this department. IOC's OVC services are closely linked to its palliative care services, ensuring that children of terminally ill clients are referred early for support. LK works closely with the Department of Health, which refers OVC to LK and helps facilitate psychosocial workshops that train boys and girls in life skills, gender issues, and sexual education. LK also has an MOU with the KwaZulu-Natal Department of Welfare to ensure that there is no duplication of services and to facilitate sharing of information, skills, and resources.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Service Delivery Improvement and Expansion

In FY 2008 with PEPFAR support, IOC and its partner LK will continue to expand their current OVC services by establishing more staff and family support teams in areas that are currently not being served. Infrastructure will be improved with the establishment of further satellite resource centers and upgrading the central offices and care center. The orphan coordinators will continue to mobilize, train and support teams of people from local churches who will regularly visit OVC and their caregivers and assist them practically, spiritually, emotionally and socially. This will lessen the burden of OVC care on women and girls, as many of the caregivers for OVC are elderly grandmothers and female OVC. Training of the team members includes child abuse awareness, how to refer children to other services, and addresses the area of reducing violence and coercion. The coordinators will continue to distribute food and clothes to those in need from the resource centers, refer families to the social worker to access foster care grants and deal with cases of child abuse, and refer children in need of health care to the home-based care teams, HIV support groups or local clinics. The paralegal officers will assist families in getting the documents they need to apply for the grants. School support officers, memory box workers and a youth pastor, who are funded by other grants, provide psychosocial, bereavement and spiritual support to the children. The team will ensure that OVC are attending school and will provide uniforms if needed. A housing project is also ongoing, funded by other grants such as Greater Good South Africa and school groups, which rebuilds houses for some orphan families whose houses have collapsed.

ACTIVITY 2: Capacity Building

The organizational capacity of both IOC and LK will continue to be enhanced. This will include in-service training of existing staff and employing and training new staff to improve sustainability. Training provided to the IOC and LK staff includes driving lessons, computer literacy, project management skills and advocacy skills. Another key feature is the implementation of a database to provide clear information on the work done by the field staff and volunteers and show how many children are receiving at least three of the nine key OVC interventions. This will allow managers to monitor activities and develop quality improvement plans.

ACTIVITY 3: Foster Care Facilitation

With FY 2008 PEPFAR funding, LK will continue to run a fostering agency to identify children in need of care and place them with qualified community families. LK employs two social workers to facilitate this process. LK recruits foster parents, who attend parenting workshops run by the organizations. IOC will duplicate this service. The social workers investigate home circumstances, screen the foster parent, and assist the children in accessing birth and death certificates. The social workers take the family to the Children's Court at Ubombo and Ingwavuma where the children are officially placed in foster care. The family is then able to apply for the government foster care grant. The social workers continue to supervise the placement to ensure quality of care and timely application for foster care renewal. IOC and LK address gender by reducing the burden on girls and women of caring for OVC and reducing the need for teenage girls and young women to use sex to get food.

ACTIVITY 4: Memory Boxes

IOC and LK will continue to help HIV-affected families create Memory Boxes for OVC. Memory boxes are created by the family, and consist of a collection of important documents, photos, meaningful items, and stories about themselves. This then serves as a memento for the children once the parent has died and the documents make it easier to sort out a government foster care grant for the children. This is a valuable psychosocial intervention which helps the OVC to cope with what is happening in their lives. IOC and LK each employ a Memory Box worker. Community team members are also trained in Memory Box work. Support groups for HIV-affected and infected children are established which will provide psychosocial

Activity Narrative: support and information for the caregivers and the children.

ACTIVITY 5: Youth Clubs

FY 2008 PEPFAR funding will support 25 after-school youth clubs in 25 primary schools, in addition to youth clubs that both IOC and LK will establish and run at their centers. These youth clubs will develop the life skills and spiritual growth of youth in general (aged 5 to 24 years), and orphans and vulnerable children in particular. The life skills program in the youth clubs and the psychosocial support workshops will include training for youth on male norms and behaviors and violence avoidance. The support offered to OVC through these clubs also enables young girls, who are especially vulnerable to abuse, teenage pregnancy, and HIV infection, to develop self-respect and self-esteem and to develop strategies to protect themselves. Training for both girls and boys will include discussion on the challenges of early sexual activity, the benefits of abstinence, and the importance of faithfulness for life with one partner. Youth clubs and workshops encourage OVC to remain in school and offer help with homework supervision and support. The youth clubs and psychosocial workshops described below provide a forum for young people to discuss gender issues and for young girls to boost self-esteem and build self-confidence.

ACTIVITY 6: Renovation of Training Center and Expanded Office Facility

IOC will renovate a building at a new office complex which will allow for the integration of all IOC activities at the geographical center of the area in which it works. A run-down building requires extensive renovation to convert it into some offices and storage area for PEPFAR-funded staff. Current offices were built to accommodate 7 staff while by 2008 there will be around 30. The current offices will be converted to a full time training center, providing much needed infrastructure and services in the area. The training center will be used by the organization to train staff, volunteers and community members for many of the PEPFAR related activities. PEPFAR funding will be used to do the landscaping of the grounds and equipment and furniture purchases.

These IOC activities contribute to the overall PEPFAR 2-7-10 goals by contributing to the 10 million people provided with care, including OVC so that OVC are able to grow up in their own communities with their basic needs and rights fulfilled.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8245

Related Activity: 13987, 13983, 13988, 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23170	8245.23170.09	U.S. Agency for International Development	Ingwavuma Orphan Care	9929	4749.09		$582,543
8245	8245.07	U.S. Agency for International Development	Ingwavuma Orphan Care	4749	4749.07	New APS 2006	$375,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13987	13987.08	6676	4749.08		Ingwavuma Orphan Care	$125,000
13983	8244.08	6676	4749.08		Ingwavuma Orphan Care	$300,000
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000
13988	13988.08	6676	4749.08		Ingwavuma Orphan Care	$100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	12,000	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	320	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	2802.08	**Mechanism:**	Track 1
Prime Partner:	Hope Worldwide South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3301.08	**Planned Funds:**	$450,000
Activity System ID:	13967		

Activity Narrative: SUMMARY:

The Africa Network for Children Orphaned and at Risk (ANCHOR) partnership will continue to strengthen and develop community support groups for orphans and vulnerable children (OVC), facilitate kids clubs, strengthen Child Care Forums (CCF), train partner organizations and provide one sub-grant to a Community-Based Organization (CBO). ANCHOR partners will continue to build relationships with local Rotary Clubs, local and provincial government departments, health facilities and local NGOs and CBOs. The primary target populations include orphans and vulnerable children and their families, youth, people living with HIV and AIDS. The program has reached over 3,600 OVC in 2006. The major emphasis areas are training and local organization capacity building.

BACKGROUND:

ANCHOR is a regional OVC partnership initiative operating in six African countries (South Africa, Cote d'Ivoire, Kenya, Nigeria, Botswana and Zambia). ANCHOR comprises four organizations: HOPE worldwide, Rotarians For Fighting AIDS (RFFA), Coca-Cola/Africa (CC), and the Schools of Public Health and Nursing at Emory University. ANCHOR will contribute to the PEPFAR vision in South Africa as outlined in the Five Year Strategy by providing care for OVC through the expansion of local community capacity to deliver quality care for orphans and vulnerable children and their families. ANCHOR will strengthen community capacity to scale-up OVC efforts at the community level. Through ANCHOR participation in the National Action Committee for Children Affected by AIDS (NACCA) at the national Department of Social Development (DOSD) level, ANCHOR SA is making a contribution to achieving these goals.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Care and support

ANCHOR will continue to provide comprehensive integrated care and support to OVC, their caregivers and families. ANCHOR activities will include providing services such as assisting OVC to access education (waivers for school fees, school supplies and uniforms), assistance in securing government social security grants for OVC, access to health care, and legal aid on issues of inheritance, nutritional and psychosocial support. In addition, as part of its wrap around activities, ANCHOR will continue to work with Tiger Brands, a major food producer, which provides OVC with food support. Nestle will provide training to OVC and their families on how to prepare meals with high content nutritional meals. ANCHOR will continue to build linkages and support with local schools and clinics as key partners in providing educational and health services to OVC.

ACTIVITY 2: Training and capacity building

In 2006, 200 participants from Gauteng and Port Elizabeth were trained in psychosocial support (PSS) for OVC. In FY 2008 ANCHOR will continue to train community members in PSS skills to support OVC. ANCHOR will develop user-friendly and outcome-based psychosocial support and basic counseling training manuals to be used by community workers. ANCHOR will continue to be supported by Hope worldwide (HWSA) Regional OVC Organization Support Initiative (ROSI) to provide training to partner organizations, SA-based volunteers, caregivers, and Hope staff use a 'Training of Trainers' (TOT) approach to scale up efforts and increase the number of OVC service providers that have been trained in PSS skills. HWSA's Abstinence focused (AB) team in partnership with ANCHOR will continue to train the caregivers/families on parenting and leadership skills. The involvement of caregivers and community groups will ensure that ANCHOR strategies remain relevant to the community and that they meet the best interests of the children and families. ANCHOR will provide training for caregivers and family members to address strategies on child protection, psychosocial support of OVC and strategies to reduce the abuse of women and children especially girls. Workshops and family interventions will be facilitated on topics such as succession planning, stigma and discrimination, children's rights, gender equality and HIV prevention for OVC, community members and caregivers.

ACTIVITY 3: Support Groups and Kids Clubs

ANCHOR will establish new OVC support groups and strengthen community OVC support groups and Kids Clubs which will be school and community-based, to address the psychosocial needs of all vulnerable children. Psychosocial support (to build resilience and empowerment), educational support (including homework supervision), nutritional support and comprehensive referrals to other care and support services are key components of the support groups and Kids Clubs. The Kids Clubs have a strong emphasis on youth involvement and leadership, as well as child participation at all levels. Children with strong leadership potential have been identified in different Kids clubs. These children will be trained as facilitators, will be consulted in needs assessment, planning and implementation of activities and finally in the monitoring of activities. Local Rotary Clubs will strengthen the kids clubs by providing educational and age appropriate life skill materials, school supplies and refurbished containers in areas where there are no centers to house Kids Clubs.

ACTIVITY 4: Child Care Forums

Child Care Forums (CCF) will be established in ANCHOR sites in the two provinces. One CCF was established in 2006 and ANCHOR plans to establish four more in Gauteng and Port Elizabeth. These forums will consist of key stakeholders in local communities, including health workers, the police, government departments, and CBOs, FBO, caregivers and child/youth representatives. In addition, educators will be represented on each CCF to ensure children's educational issues are addressed. The functions of the CCF are to ensure that the needs of OVC are met in a sustainable local structure and to be advocates for children within their community. The Journey of Life (JOL) manual will be used to train CCF members and caregivers.

ACTIVITY 5: Sub-grantees

Boitshoko, an OVC-focused organization, has been identified as a sub-grantee for the ANCHOR Track 1 program. Boitshoko, located in Soweto, Gauteng, will provide OVC support in education, nutrition,

Activity Narrative: developing and supporting Kids Clubs, support groups and providing psychosocial support. ANCHOR will provide technical assistance to Boitshoko which has a focus on organizational capacity development, to improve implementation of Boathook's OVC program. Regular mentoring and feedback sessions will be held to review progress. Funds will be used to support staff, training, community mobilization and other program support needs. Coca Cola Africa Foundation and other donors have been approached to fund organizational capacity development and staff development for all ANCHOR community partners. If this request for funding is successful it will strengthen sub-grantees and OVC serving NGOs.

The ANCHOR South Africa activities contribute substantially to the PEPFAR goal of providing care and services to 10 million HIV-affected people, including OVC. These activities specifically support the USG/South Africa Five Year Strategy by expanding the capacity of communities to respond to the needs of OVC, focusing on community participation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7372

Related Activity: 13966, 13959, 13960, 13961, 13962, 13963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23149	3301.23149.09	U.S. Agency for International Development	Hope Worldwide South Africa	9924	2802.09	Track 1	$342,977
7372	3301.07	U.S. Agency for International Development	Hope Worldwide South Africa	4395	2802.07	Track 1	$311,228
3301	3301.06	U.S. Agency for International Development	Hope Worldwide South Africa	2802	2802.06	Track 1	$217,497

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	19,000	False
8.1.A Primary Direct	15,000	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	350	False

Indirect Targets

Under the new South Africa OVC Guidance ANCHOR provides direct and supplementary services only.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2798.08

Mechanism: N/A

Prime Partner: CompreCare

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3294.08

Planned Funds: $800,000

Activity System ID: 13759

Activity Narrative: SUMMARY:

CompreCare, through its partnership with Child Welfare Tshwane (CWT), will identify and provide a holistic package of services to orphans and vulnerable children and their families. Program activities include nutrition, shelter, psychosocial, educational, economic and health care support for OVC as well as outreach and HIV prevention education. Primary target populations are orphans and vulnerable children (OVC), their care workers, and people living with HIV and AIDS. The primary emphasis is human capacity development.

BACKGROUND:

CompreCare is a South African non-governmental organization (NGO) implementing HIV and AIDS prevention and care activities under a multi-partner initiative called CHAMPS. The CHAMPS Initiative aims to reduce the impact of HIV and AIDS on OVC and their families in the Tshwane metropolitan area, specifically Mamelodi and Olievenhoutbosch, by raising awareness about HIV/AIDS preventative practices and through strengthening care and response networks for OVC.

In partnership with Child Welfare Tshwane, the largest service provider addressing the needs of OVC in the Tshwane metropolitan area, CompreCare recruits, trains and mentors care workers and facilitates increased access to education and government services for OVC. To date, PEPFAR funding has enabled CompreCare to train 76 care workers and service 2601 children with care and support services. Child Welfare Tshwane is a member of the South African Government local Department of Social Development Forum. This forum was created to strengthen linkages and networks between local government officials and NGO, CBO and FBO members in order to improve coordination between public and private service provider's programs. Child Welfare Tshwane has established a partnership with the Ford Motor Company which donates a facility for their wellness center. The Wellness Center offers a range of services to OVC and their families including; psychosocial services, prevention education, nutritional counseling and support, and income generation activities.

ACTIVITIES AND EXPECTED RESULTS:

CompreCare's OVC care and support program will focus on the early identification of infected and affected children and families and ensure that their basic needs (food, health care and education) are met. The program will conduct household needs assessments and link OVC and their care workers to the appropriate government and community services. Trained community care workers residing in the target areas enable CompreCare and its implementing partner to provide comprehensive and holistic care for OVC.

ACTIVITY 1: Training

CompreCare, in collaboration with their implementing partner, Child Welfare Tshwane, will offer a standardized OVC training and service package/strategy to train and support community care workers. The training is based on the Iso labantwana ("eye on the children") model that was originally developed by Child Welfare Cape Town. Child Welfare Tshwane has adapted the model to address the needs of children infected and affected by HIV and AIDS and has produced a manual for trained volunteers. The training is a 10 module course that emphasizes community-based approaches for the early identification and care and protection of vulnerable children. Care workers are recruited from the communities, in which they reside and provided with training in the following; basic HIV and AIDS information and prevention, child abuse and neglect, assessment counseling and resources, parenting skills, child care act, domestic violence and maintenance act, substance abuse, management and administration skills. Care workers will also be exposed to a value-based prevention program (accredited) so as to enable them to render a more comprehensive prevention education to the OVC and their families. Care workers will also be given the opportunity to be trained in basic first aid (accredited) which will enable them to more accurately assess the clinical needs of the OVC. CompreCare and Child Welfare Tshwane provide on site follow-up training and mentoring for all care workers. In addition, Child Welfare social and auxiliary social workers and M&E staff provide group counseling sessions for care workers to provide additional mentorship and support and to share best practices and lessons learned.

ACTIVITY 2: Care and Support Services

The program recruits care workers from target communities to ensure that care and support services are readily available to OVC. As a result, the program, as a whole, benefits as the care workers are often well-known and respected by community leaders. The CWT OVC care program already has a cadre of trained, experienced and active care workers. The focus will be to recruit and train new care workers who can then slot straight into the work with mentoring in place. The transition will be smoother and more effective. Already trained and active care workers will be exposed to a continuous program of retraining and so expanding their capacity to render a more comprehensive service and also to improve the quality of the service rendered. Care workers are well positioned to easily access the services of other community groups and service providers including schools, churches, and community care forums. Each care worker reports to and receives ongoing support from a Child Welfare Tshwane social worker and M&E Officer. When a family is identified, the care workers complete an initial assessment and develop a plan of action in collaboration with the social worker for each child and their family. The plan of action details the type of assistance required by the OVC which includes obtaining identity documents and government social grants, household budgeting, and distribution of food parcels and establishment of food gardens (made possible through public and private donations). Care workers provide these services during weekly home visits. Additionally, care workers provide educational and psychosocial support including school fee exemptions, homework supervision, care for ill parents/caregiver, succession planning and bereavement counseling for OVC and their family members. When circumstances exist that require advanced or intensive support, such as health related issues and child abuse, care workers refer OVC to the appropriate service provider and follow-up to ensure that the relevant services are provided and that the continuum of care continues for each child. CWT already offers a comprehensive range of services that are based on the needs of the clients. More emphasis will be placed onto income generation opportunities and vocational guidance as OVC coming through the education system are struggling to find employment. The income generation opportunities will be made economically viable and sustainable.

ACTIVITY 3: Community Wellness Center

Activity Narrative:

In addition to providing home-based support services, Child Welfare Tshwane also manages a community wellness center that provides care services, five days a week, for OVC and their families. The center operates a 12 -month intensive therapeutic program that includes individual and group support sessions to provide information on HIV and AIDS and build coping skills for OVC and their ill caregivers. A full-time social worker and community volunteers provide OVC with psychosocial support, referrals to social services and on going training and mentoring to start income generation activities e.g. beading. The program also offers life skills training for OVC, tailored to the specific needs of the child and includes HIV and AIDS prevention. Life skills courses are provided through after-school activities, school holiday programs and group play therapy.

ACTIVITY 4: Linkages

CompreCare and its implementing partner, HospiVision, train care workers in value-based HIV prevention emphasizing abstinence and fidelity. The program focuses on six central spiritual values (respect, responsibility, integrity, fairness, love and service) and enhancing the life skills of: decision-making, assertiveness and negotiation. The training also addresses issues of stigma and discrimination and gender through role play. Skills learned in the program empower care workers to further support OVC with knowledge, skills and attitudes to make informed decisions about living healthy, productive lives. As the CWT program is in an urban setting a comprehensive network of referrals is in place and CWT has a leading role in this network. CWT has a particularly strong relationship in the health sector and so are able to ensure that their clients receive the required care and treatment. These linkages will be further strengthened so as to improve care received by the OVC. USG's contact with the Department of Home Affairs who assist CompreCare with applications for birth certificates and identity documents is increasing and this will be further addressed. This will contribute a great deal to the economic strengthening of the OVC and their families as well as education.

Regarding expansion of FY 2008 COP activities, currently the OVC care program's main focus is on Mamelodi and Olievenhoutsbosch - based on the greatest needs and under resourced areas. However, the program will be expanded to other CWT sites in the Tshwane area. These sites are Sunnyside, Mid City, Atteridgeville, Eersterust and Centurion - these will become the focus for the expansion of CompreCare services.

CompreCare's OVC program activities will contribute towards PEPFAR goals of providing 10 million people with care by improving the quality of life of OVC and infected and affected families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7563

Related Activity: 13758, 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24068	3294.24068.09	U.S. Agency for International Development	CompreCare	10341	10341.09		$776,724
7563	3294.07	U.S. Agency for International Development	CompreCare	4466	2798.07		$560,000
3294	3294.06	U.S. Agency for International Development	CompreCare	2798	2798.06		$335,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13758	3292.08	6597	2798.08		CompreCare	$500,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$21,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	5,400	False
8.1.A Primary Direct	4,800	False
8.1.B Supplemental Direct	600	False
8.2 Number of providers/caregivers trained in caring for OVC	120	False

Indirect Targets

Due to the change in the OVC indicators, it is not foreseen that OVC will be served indirectly.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Gauteng

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6156.08 **Mechanism:** N/A

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12480.08

Planned Funds: $0

Activity System ID: 13740

Activity Narrative: PEPFAR funds were allocated to Columbia University for OVC activities during the final FY 2007 reprogramming round. In actuality, however, this is a treatment activity so USAID will reprogram the FY 2007 funds for OVC to the treatment services program area. Therefore there is no need to fund this activity with FY 2008 COP funds.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12480

Related Activity: 13739, 13741

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12480	12480.07	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6156	6156.07		$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13739	12237.08	6590	6156.08		Columbia University Mailman School of Public Health	$550,000
13741	12341.08	6590	6156.08		Columbia University Mailman School of Public Health	$1,164,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	400	False
8.2 Number of providers/caregivers trained in caring for OVC	450	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	218.08	**Mechanism:**	Track 1
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	2922.08	**Planned Funds:**	$928,281
Activity System ID:	13737		

Activity Narrative: SUMMARY:

Family Health International (FHI) will continue to support the Southern African Catholic Bishops Conference (SACBC) and its sub-recipients (SRs) in orphans and vulnerable children (OVC) program design, implementation and direct OVC service provision through ongoing training, mentoring and support. FHI will continue to strengthen the monitoring and evaluation (M&E) system through quality assurance and improvement procedures and regular data verification checks. The emphasis areas for this program are local organization capacity building and gender. The primary target populations are OVC and caregivers.

BACKGROUND:

FHI, together with SACBC, began implementing the Track 1 FABRIC program across 11 sites in South Africa in February 2006. In FY 2008, the SRs will reach OVC and their families with psychosocial, educational, nutritional, and economic support, health care, palliative care, legal support, pediatric treatment referrals and child protection services. The program will seek formal partnerships with SACBC's home and community-based care program and other partners to strengthen the integration of home and community-based care so as to ensure that OVC and family members receive comprehensive care and to scale up pediatric treatment for children. The program will integrate age-appropriate HIV prevention messages in its key activities and will use the FHI Family Life Education curriculum to train youth and adults in reproductive health and HIV prevention from a Christian perspective. The major components of this program are: 1) capacity building in OVC program design and implementation; 2) collaboration and coordination with government and other services/programs for the provision of quality care and support to OVC; 3) effective M&E; and 4) gender mainstreaming. These activities are directly aligned to the South Africa Department of Social Development (DOSD) strategic priorities for OVC in its national plan of action for OVC for 2006 to 2008. Strategy one seeks to strengthen the capacity of families to provide essential care and support for OVC. Strategy two seeks to mobilize communities to care for OVC. The remaining DOSD strategies focus on creating an enabling environment in terms of policy, legislation, advocacy and coordination. FABRIC will ensure that at least 50% of all OVC served receive 3 or more services, per the South Africa PEPFAR guidance.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity building

FHI will provide further technical assistance to SACBC to strengthen their organizational capacity to support SRs using capacity assessment and improvement tools and quality assurance checklists. Both FHI and SACBC will continue to provide assistance in project and financial management and OVC technical areas to SRs to improve the quality of their OVC programs. This support will include training and ongoing supervision and mentoring. FHI will ensure that SACBC together with each SR have clear sustainability plans and will provide training and links to other providers for the establishment of creative income-generating activities (IGAs) to support OVC and their families. Public-private partnerships will be encouraged at the local level, for example soliciting support from local businesses such as bakeries.

ACTIVITY 2: Collaboration and coordination

In line with the DOSD policy framework for OVC, FHI and SACBC will jointly boost networks developed with government and with other USG partners. FHI and SACBC will work closely with DOSD through forums such as the National Action Committee for Children Affected by AIDS (NACCA) and the provincial and district committees to strengthen networks and linkages to improve care and support for OVC and also to link caregivers to other government programs. FHI will ensure that strong referral systems are in place at local level for the provision of essential services such as health care, educational support, food security and nutrition and legal assistance. FHI will continue to support community mobilization and coordination. SRs will be encouraged to liaise with community leaders and community members to target the most vulnerable, identify local resources and develop linkages with other services. In FY 2008, FHI will continue to emphasize pediatric treatment. SRs will be supported in conducting mapping exercises to identify the nearest treatment sites for pediatric referrals. SRs will be trained in basic pediatric HIV testing, treatment and care in order to provide essential information and support for pediatric treatment to OVC and their families. All referrals will be tracked closely to ensure the referral service has been provided and the feedback form has been completed and returned to the SR by the referral site. Age-appropriate prevention messages and life skills programs will be integrated into the after-school care program.

ACTIVITY 3: M&E

FHI will strengthen technical skills around M&E for SACBC and the SRs through ongoing training and mentoring. FHI will participate and provide ongoing comments in the development of the national DOSD M&E system and will ensure that the indicators required for the national database are included and collected by the SRs. FHI and SACBC will implement information verification procedures as part of regular site visits and will ensure that the M&E forms are translated into local languages in low-literacy areas. FHI will pilot an OVC database in collaboration with the USG technical working group that is developing an OVC database.

ACTIVITY 4: Mainstreaming gender

In FY 2008 gender will form an integral part of the FABRIC program's activities. FHI will ensure that girls and boys are receiving equitable support and access to essential OVC services, especially education. Partners will work with male groups in their dioceses to mobilize the involvement of men as caregivers. Female child-headed households will receive special attention to ensure that the burden of care on them is decreased and that they continue to access education and to receive adequate mentoring and support. Communities will be mobilized to enforce OVC protection from exploitation, violence and abuse and to mitigate against stigma and discrimination. Advocacy initiatives will also be conducted at the congregational level to ensure that the church is supportive and promotes the same messages to address gender inequities. FHI will link gender to sustainability efforts by improving access to training and resources for female primary and secondary caregivers. FHI will set-up a tracking system to ensure that equitable access to care and support is enhanced and that activities addressing gender inequities and child protection are

Activity Narrative: recorded and reported.

NEW ACTIVITIES

ACTIVITY 5: Reaching Disabled OVC
This activity will be implemented in three sites in Free State and Gauteng that have identified children with disabilities. Special programs to support these children will be initiated in collaboration with medical practitioners, academics and local experts in this field. The program will facilitate identification and assessments of disabilities and will identify local resources for continued support and follow-up. Caregivers in each site will be trained to identify and care for disabled children and to support applications for disability grants.

ACTIVITY 6: Bicycle Project

In FY 2008, the bicycle project in collaboration with the Institute for Transportation and Development Policy (ITDP) will be introduced and piloted in 3 sites where access to public transport is poor and where children have to travel long distances to school. The bicycles will be given to older OVC living in remote areas to assist them to reach school and to attend the after-school care activities at the selected project sites. A feasibility assessment will be done in advance to identify opportunities and challenges of introducing this project in the selected sites.

ACTIVITY 7: Exit strategies for older OVC

The sites will be assisted in developing exit plans for children above 15 years. This is to ensure that when children leave the program there are plans in place for them to further their education, access vocational training, establish income generating activities or gain employment.

ACTIVITY 8: Research

In FY 2007, FHI and SACBC submitted a concept note to the Joint Learning Initiative for Children and HIV/AIDS (JLICA) to conduct a study on lessons learned in implementing family centered approaches to OVC service provision. The concept note was accepted and the Rockefeller Brothers Foundation has granted SACBC $25000 for the study upon approval of the full proposal to be submitted in October 2007.

EXPECTED RESULTS:

Improve reach (# of OVC) and coverage (# of geographic regions) in 10 sites across 7 provinces; Strengthen the capacity of SACBC and its SRs to effectively coordinate and sustain programs at the local level; Enhance skills and knowledge of caregivers through training in OVC technical areas; Improve the FABRIC M&E system and align with the DOSD national system and indicators through quality assessment and improvement; Equitable access to care and support and resources for male and female OVC; Increase in the number of male caregivers trained and mentored to care for OVC; Establish linkages to income generation service providers and training opportunities for SRs and families caring for OVC; and Increased awareness and community mobilization against gender-based violence and child abuse. By the end of FY 2007 semi-annual reporting period, FABRIC had met the annual target of 7000 OVC and of these, more than half (57%) received primary direct support (3 or more services).

Through these OVC activities, FHI will assist PEPFAR to achieve its goal of caring for 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7580

Related Activity: 13722, 13723, 13728, 13724, 14645, 13725

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22946	2922.22946.09	U.S. Agency for International Development	Family Health International	9837	218.09	Track 1	$906,970
7580	2922.07	U.S. Agency for International Development	Family Health International	4473	218.07	Track 1	$382,895
2922	2922.06	U.S. Agency for International Development	Family Health International	2630	218.06		$594,136

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
14645	14645.08	6588	218.08	Track 1	Family Health International	$0
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Gender

* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$25,714

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	10,000	False
8.1.A Primary Direct	5,000	False
8.1.B Supplemental Direct	5,000	False
8.2 Number of providers/caregivers trained in caring for OVC	150	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	4619.08	**Mechanism:**	CINDI
Prime Partner:	Children in Distress	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	7958.08	**Planned Funds:**	$1,000,000
Activity System ID:	13729		

Activity Narrative: SUMMARY:

Activities are carried out by Children in Distress (CINDI) in KwaZulu-Natal (KZN), to support the expansion of services aimed at improving the lives of orphans and vulnerable children (OVC) and families affected by AIDS through providing comprehensive services and to strengthen communities and ensure that the needs of OVC are met. The emphasis areas of the project include local organization capacity-building, gender and wrap-around program (education). Primary target populations include orphans and vulnerable children, children 5-9 years, adolescents 10-14 years and 15-24 years, and people living with HIV.

BACKGROUND:

CINDI, founded in July 1996, consists of over 100 member organizations (NGOs, CBOs, FBOs) that collaborate to reduce the impact of HIV and AIDS on children in KZN. This project is part of a larger initiative implemented by CINDI members. The project was implemented in FY 2007 with PEPFAR support. The activity is supported by the Department of Education in KZN with whom CINDI liaises in selecting the targeted schools. Four member organizations are implementing the project for CINDI - Project Gateway, Sinani, LifeLine and Youth for Christ/ KZN (YFC). Both LifeLine and YFC receive PEPFAR funds in other program areas and have no OVC activities that overlap under this CINDI project. LifeLine and Project Gateway have both received accreditations from the provincial Department of Health as counseling and testing (CT) sites. CINDI will address gender issues through increasing access to services for girls/women; encouraging the participation of males as facilitators and caregivers wherever possible (since they are mostly female); prioritizes gender issues within targeted schools; and provides training addressing male norms and behaviors.

ACTIVITIES & EXPECTED RESULTS:

ACTIVITY 1: Life skills training for OVC

CINDI, in partnership with 4 sub-partners, will provide life skills, peer education training and promote learner access to CT (and encourage access to pediatric ARV therapy) in 14 new targeted primary and high schools in FY 2008 and will provide follow-up in the 14 schools from FY 2007. Lifeline and Project Gateway have both been accredited as CT sites and have mechanisms in place for formal referral systems for children identified. Children identified will be followed up with care and support activities aimed at orphans and vulnerable children and their families. The 14 targeted primary and high schools are provided with training for learner peer educators and selected teachers. All learners participate in a creatively-designed school-based presentation which will increase their knowledge and information on HIV and AIDS and related issues such as stigmatization and discrimination, gender issues, CT and age appropriate sexuality training to motivate for abstinence and encourage behavior change. Learners also participate in a 4-day HIV and AIDS intensive workshop which will increase their knowledge on safe healthy sexual behavior, HIV messages, personal development and gender issues and skills in accessing grants, fees exemption from schools, skills in heading up child-headed households, which will facilitate positive behavior change. In addition, all learners voluntarily participating in CT will be able to communicate what they have learned about voluntary testing in their communities and be encouraged to live their lives responsibly. Learners participating in CT will be assisted in dealing with previous and/or current sexual abuse and serious sexual offences will be taken up through the legal system. Life skills in accessing grants, etc. will assist the learners in schools to be aware of their rights, build resilience and individual empowerment. Youth workers in schools will assist, provide support, and refer the child to the necessary sub-partner who will ensure that their needs are met. FY 2008 funding will support staff and youth workers to provide these services in the targeted schools. Sustainability of these activities is built in through the training of interested and committed teachers within each school who will support the activities into the future, and the trained learner peer educators will be enabled to continue with the activities. Youth workers and peer educators will have first contact with OVC and provide necessary support and care before referring. Schools will also be linked directly with organizations and government departments who can provide ongoing services. CINDI supports all 4 sub-partners with project supervision and management, financial management, monitoring and evaluation of this activity and ensures quality assurance of record-keeping and data-capturing.

ACTIVITY 2: OVC and Family Support

CINDI, in partnership with Project Gateway, identifies OVC in the 14 new target schools and provides services to improve the quality of life of vulnerable children, and HIV-infected individuals and their families. The families and caregivers will be supported through capacity-building activities to provide better care for their households; the stability and sustainability of families will be increased through access to shelter, food (in conjunction with the DOSD), economic support, education, psychosocial support and health care. Identified families will have at least one child who attends one of the 14 target schools. FY 2008 funding will support CINDI staff and trained volunteers working with the families to deliver the required services. Sustainability of these activities and services is provided through training of caregivers, linking families with relevant government departments and organizations who provide ongoing services, and through capacity-building provided to household providers/caregivers. CINDI supports Project Gateway with project supervision and management, financial management, monitoring and evaluation of this activity and ensures quality assurance of record-keeping and data-capturing.

ACTIVITY 3: Psychosocial Support for OVC

CINDI, in partnership with Sinani, will provide good quality comprehensive and compassionate care for children orphaned by AIDS and other vulnerable children to help ensure they grow up to be healthy, educated and socially well-adjusted adults, through all CINDI sub-partners. The identified children will come from targeted primary schools. OVC will participate in a Structured Group Therapy Program which effectively reduces distress and builds resilience, with the aim of decreasing depression while increasing children's access to social support. The duration of therapeutic sessions will vary according to the child's or group's needs. Youth and adult community leaders and members will be sensitized to the needs of OVC which will result in an increase in community- awareness of the needs of OVC in communities. This activity is facilitated by Sinani, one of the CINDI members specializing on psychosocial support with a counseling psychologist to transfer skills to trained facilitators and volunteers. CINDI supports Sinani with project supervision and management, financial management, monitoring and evaluation of this activity and ensures

Activity Narrative: quality assurance of record-keeping and data-capturing.

ACTIVITY 4: Providing care and supervision for providers/caretakers

In FY 2008 caregivers will be given on-site and group training by CINDI, in partnership with Project Gateway, to be able to identify and manage stress and burn-out. Regular supervision will be given to enable caregivers to be efficient in their work while debriefing sessions will take place for caregivers to discuss problems associated with their work. All the four CINDI members will ensure that each OVC counted is provided with at least a minimum of three services which include access to education, health care, psychosocial support, nutrition support, protection from abuse, economic support, pediatric HIV and AIDS treatment, legal assistance and mobilizing and building capacity of communities to respond to OVC needs. The CINDI OVC activities will contribute to the PEPFAR 2-7-10 goals by improving access to care for 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7958

Related Activity: 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22745	7958.22745.09	U.S. Agency for International Development	Children in Distress	9783	4619.09	CINDI	$970,905
7958	7958.07	U.S. Agency for International Development	Children in Distress	4619	4619.07	CINDI	$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	9,500	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	1,500	False
8.2 Number of providers/caregivers trained in caring for OVC	1,000	False

Indirect Targets

As a result of the change in the OVC indicators, no OVC will receive indirect services in FY 2008.

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4103.08

Mechanism: World Vision

Prime Partner: World Vision South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6561.08

Planned Funds: $3,939,000

Activity System ID: 13908

Activity Narrative: SUMMARY:

World Vision (WV), together with the Christian AIDS Bureau of South Africa (CABSA), will mobilize and strengthen a community led response to protect and care for orphans and vulnerable children (OVC) and their families. The program is active in the Free State, Limpopo and the Eastern Cape provinces and with will expand to the KwaZulu-Natal province. The major emphasis area is human capacity development (training). The target population is OVC.

BACKGROUND:
WV works in six provinces in South Africa (SA) in collaboration with CBOs, FBOs and government entities to support over 42,000 sponsored children including 4,439 OVC registered at present. Currently, PEPFAR supports Area Development Programs (ADPs in three and this will be expanded to four additional sites within KwaZulu-Natal province. WV partners with CABSA to empower faith communities to develop projects addressing HIV and AIDS. WV will use the CABSA curriculum (Channels of Hope (CoH)) to address churches and FBOs to deal effectively with HIV and AIDS. The South African Government (SAG) Policy Framework for OVC asserts that NGOs should assist in rolling out innovative and tested models to mobilize, strengthen and support community led OVC efforts. With FY 2008 funding, WV will continue to assist targeted communities to establish structures through which the community can care for and support OVC. One element of an enabling environment for OVC support is the sustainability of community-based organizations (CBO) such as Community Care Coalitions (CCC) which are equivalent to Child Care Forums. WV will implement an organizational capacity building guide that includes self-assessment, training based on the assessment and the follow-up support. WV will facilitate a process of sustainable community involvement through this training to enable communities to develop and support their OVC. The WV program will continue to work toward gender equity in service deliver by offering short gender courses to NGOs and CBOs to improve their knowledge about child protection and how to address the factors that keep girls out of school. FY 2008 additional funding, will expand activities under the Networks of Hope program that they currently support expanding from 3 provinces to 4 with the addition of Kwazulu-Natal.
ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development
WV will conduct workshops, utilizing the CABSA CoH curriculum. A two-day Leaders Workshop will be held with interested religious leaders The workshop will help religious leaders understand the urgency of the HIV and AIDS crisis, to address negative and discriminatory attitudes and to work towards compassionate and effective responses in congregations and communities. These leaders return to their congregations and to FBOs to identify interested members who will in turn attend a four day workshop, which give attention to best practice models for prevention, care for OVC, home-based care, voluntary counseling and testing and advocacy. As a result of the four-day workshop, WV will work with each FBO to develop action plans to address congregational and community, as well as confront gender discrimination, promoting gender equity in communities. Trained congregation and FBO members will form Hope Teams which WV will support with ongoing training and mentorship. In turn, these Hope teams will develop and carry out action plans relating to the protection and care of OVC. The Hope Teams will work closely with the CCCs. 111 Hope Teams have already been formed, training at this level will continue in FY 2008.

ACTIVITY 2: Community Mobilization
Through CCCs, WV will mobilize community stakeholders, including FBOs, CBOs, local government, traditional leaders, school committees, health representatives, women groups, associations of people living with HIV (PLHIV) and OVC. A two day stakeholder workshop will be held to identify gaps, and select the CCC structure most appropriate to the local context. WV and CCCs will recruit new Home visitors (HV) to visit OVC in their homes. CCCs will be encouraged to link and play an active role within the District Action Committee for Children affected by HIV and AIDS (DACCA). Together with the CCC the HV will receive training on Child Rights and Protection, access to education, health and nutrition, HIV prevention, Life Skills, psychosocial support (PSS) and succession planning over five days. As a result, each identified OVC will receive support from HV ranging from direct material provision to greater livelihood security.

ACTIVITY 3: Care and Support
After the workshops for CCCs and HVs, each OVC will receive a basic minimum package of services and support. The services will include child monitoring and protection, PSS, agricultural inputs, facilitating access to education, health care, basic nutrition training, HIV prevention, home-based care for chronically ill adults and children, succession planning and supervised recreation. Direct support will include school fees, vocational training, school uniforms, books and supplies, facilitation with transport for primary health care checkups, improved diets/livelihoods through, clothing shoes, bedding and blankets.

ACIVITY 4: Local Organizational Capacity Development
WV developed an Organizational Capacity Building (OCB) guide to build organizational capacity. The OCB process begins with an organizational self-assessment, training based on the result of the assessment and follow-up support. The training may include Organizational Purpose, Planning, Procedures, Group dynamics, Monitoring, Evaluation and Reporting, Finance, Resource Mobilization and external relations. Through this activity WV will build the capacity of local organizations to operate effectively in providing adequate protection and care to OVC and their families. WV will partner with CABSA to establish resource centers in each ADP; stocked with relevant HIV and AIDS materials. The resource centers will be used by the CCCs and community assisting them in the development of an adequate response to the OVC issues facing their community.

ACIVITY 5: Referrals and linkages
WV works in collaboration with the DOSD, the Departments of Health, Education, Agriculture, private companies, FBOs and CBOs. These partnerships will be expanded to ensure that all OVC are provided with a full package of care and referred for appropriate treatment and care services. In addition to establishing a program of 'community conversations', the project will integrate a gender component and advocacy into all activities. The aim of these activities is to build stronger, more gender-equitable relationships with better communication between partners utilizing participatory learning to improve the health, well-being and resilience of adolescent OVC (Boys and Girls). Emphasis is place on options to delay sexual activity.

In FY 2008 the following activities will be added:

Activity Narrative: ACTIVITY 6: Community conversations
Facilitated community conversations will focus on raising awareness of social-economic and cultural inequalities that put women at a disadvantage and how this contributes to the spread of HIV and AIDS. Specifically, discussions will focus on how to strengthen the negotiating powers of women and girls in sexual relationships and on raising the awareness of men about the role they play in sexual relationships. This gender equality dialogue will emphasize the positive aspects of changing the behaviors that increase the risk of becoming HIV-infected and using best practices. WV will benefit from participatory research conducted demonstrating that these open and frank but sensitive "community conversations" help cement new positive attitudes among youth and reduce gender-biased stereotypes. The majority of care workers (Home visitors/HV) in OVC programs are women (over 70%). WV will work to increase the involvement of men in care-giving of OVC. As part of the CCC (Community Care Coalition) trainings, HV's will engage men by focusing on such topics as family violence, anger management, fathering and parenting skills. Training materials will include discussion of power relations between girls and boys, women and men, and will give girls skills in refusal and negotiation. CoH training will also emphasize addressing gender from a standpoint of context and attitudes. WV will focus on men and boys as agents of change in this process of awareness building, mobilizing and spreading HIV prevention messages.

ACTIVITY 7: Peer-support groups and Youth AIDS clubs
Peer support groups and Youth AIDS clubs will be targeted toward adolescents. WV will connect with these adolescent OVC through schools and churches. Training in Youth prevention strategies will target boys and girls. Using a participatory process, OVC will identify role models (including positive deviants) to serve as the peer support leaders. The adolescents will form peer-education groups and these groups will form the critical catalysts for the community social discourse on healthy norms and avoidance of risk behavior. The anticipated outcome of this process is a re-emergence of AB as a community norm and a reduction in the practice of cross-generational sex, transactional sex and multiple casual sex partnerships, etc.

In all WVSA ADP PEPFAR-funded sites there are sponsored children, funded by donors from different countries, many of whom are OVC. WV requires at least quarterly visits to each of these children by Development Workers. Through this process WVSA identifies the education, health, spiritual and other needs of the children and their families. WV field staff provides a proactive role in identifying the needs of OVC and the subsequent delivery of services, justifying the allocation of WV Matching funding to the budget allocated by PEPFAR.

The WV OVC activities will contribute to the PEPFAR 2-7-10 goal by improving access to quality care to 10 million people including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7634

Related Activity: 13907, 14254

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22724	6561.22724.09	U.S. Agency for International Development	World Vision South Africa	9775	4103.09	World Vision	$3,824,393
7634	6561.07	U.S. Agency for International Development	World Vision South Africa	4498	4103.07	World Vision	$1,200,000
6561	6561.06	U.S. Agency for International Development	World Vision South Africa	4103	4103.06	World Vision	$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13907	12355.08	6647	4103.08	World Vision	World Vision South Africa	$194,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$31,362

Public Private Partnership

Estimated local PPP contribution in dollars	$378,108

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	30,000	False
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	24,500	False
8.1.A Primary Direct	17,500	False
8.1.B Supplemental Direct	11,000	False
8.2 Number of providers/caregivers trained in caring for OVC	28,000	False

Indirect Targets

Indirect targets are obtained from other activities carried out by staff of the ADPs using the structure and/or funds provided by PEPFAR. The indirect counts were determined by counting not only the children who are enrolled in the OVC program but also all others who benefit from OVC program such as projects in which NoH staff were involved in e.g. Batho Ba Lerato, People Against Abuse of children and women, Kamohelo Center, One Stop Consortium, Khomanani. Feeding of children in schools and churches. In addition children who benefits from World Vision programs who qualify according to the PEPFAR definition for OVC will also be included

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Eastern Cape

Free State

Limpopo (Northern)

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1071.08

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3107.08

Planned Funds: $290,000

Activity System ID: 13927

Activity Narrative: SUMMARY:

Thirty Community HIV/AIDS Outreach Project (CHOP) Peace Corps Volunteers (PCVs) and twenty Schools and Community Resources Project (SCRP) PCVs will be involved in this program area. PEPFAR funds will be used to train the CHOP PCVs and their counterparts in organizational capacity building-that is the strengthening of organizational and human capacity. Both CHOP and SCRP PCVs will receive PEPFAR-funded training in OVC caretaker support-that is enabling PCVs and their counterparts to develop the skills and knowledge needed to meet the physical, psychosocial and financial needs of OVC and OVC caretakers. Using the PEPFAR VAST (Volunteer Activity Support and Training) mechanism, these PCVs and their counterparts will train OVC caretakers, CSO employees and OVC volunteer workers. SCRP PCVs will specialize in training teachers and OVC peer support groups in the schools while CHOP PCVs will focus more on the training CSO counterparts and OVC volunteer works, and out-of-school OVC peer support groups and mobilizing traditional, business and religious leaders in supporting community- and school-based OVC support activities. CHOP and SCRP PCVs and their counterparts will be encouraged to work together in designing and delivering comprehensive OVC and OVC caretaker training and outreach programs in their rural communities. OVC training and outreach activities will be conducted in the KwaZulu-Natal, Limpopo, North West, Northern Cape and Mpumalanga provinces.

BACKGROUND:

To date, the program in South Africa has relied primarily on PEPFAR-funded PCVs assigned to the (previous) NGO Capacity Building Project. Although the FY 2007 program still utilizes PEPFAR-funded PCVs, in FY 2008 there will be no PEPFAR-funded PCVs and instead all CHOP and SCRP PCVs will be encouraged to be involved in training and outreach activities that will enable OVC caretakers, community outreach volunteers and CSO employees to better meet the needs of OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In FY 2008, approximately 50 PCVs and 50 counterparts will receive training in meeting the physical and psychosocial needs of OVC, using internationally and locally produced materials. The training will provide skills and knowledge in counseling (e.g. dealing with feelings of isolation , stigma and discrimination and the negative attitudes of others, production of memory books/boxes), physical care (e.g. helping OVC and caretakers establish trench and raised gardens, nutrition education, training in sewing clothes), and legal and financial assistance (e.g. helping OVC and caretakers access South African Government social grants e.g. child-support grants and care-dependency grants).

ACTIVITY 2:

Approximately 50 PCV and 50 counterparts will train 50 teachers, OVC peer educators, CSO employees, HBC volunteer workers and OVC caretakers in topics addressed in Activity 1, using the PEPFAR VAST mechanism to fund the training. This will result in improved care provided to 3000 OVC. PCVs and counterparts will also directly provide outreach to OVC. The CHOP and SCRP PCVs will contribute to this program area of the U.S. Mission by uniquely providing American citizen assistance in rural communities. Their activities are also closely aligned to the South African government strategies in each of the provinces in which PCVs work.

NOTE: PCVs involved in this program area are part of the population of PCVs who are required to participate in Activities 2 and 4 described under the prevention program area. CHOP PCVs in this program area are part of the population of PCVs who may participate in Activity 3 described under the prevention program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7502

Related Activity: 13925, 13926, 13928, 14514, 14515, 14516, 13929

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22662	3107.22662.09	Peace Corps	US Peace Corps	9750	1071.09		$265,000
7502	3107.07	Peace Corps	US Peace Corps	4445	1071.07		$317,400
3107	3107.06	Peace Corps	US Peace Corps	2712	1071.06		$125,031

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13925	3797.08	6655	1071.08		US Peace Corps	$290,000
13926	3106.08	6655	1071.08		US Peace Corps	$150,000
13928	3798.08	6655	1071.08		US Peace Corps	$20,000
13929	6367.08	6655	1071.08		US Peace Corps	$113,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	3,300	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	3,300	False
8.2 Number of providers/caregivers trained in caring for OVC	50	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1235.08

Mechanism: Small Grants Fund

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3118.08

Planned Funds: $1,000,000

Activity System ID: 13922

Activity Narrative: SUMMARY:

The Small Grants program aims to support OVC in South Africa to have equal access to basic essential services. The USG acknowledges the invaluable role that small community-based organizations and caregivers play in caring for OVC, and therefore funds, supports and capacitates small NGOs and small CBOs through the provision of funding for direct services and training to enable better community responses in caring for OVC within their care and reach. The Ambassador's HIV and AIDS Small Grants Program will use FY 2008 PEPFAR funds to continue to support South Africa's most promising small community and faith-based organizations making significant contributions to the fight against HIV and AIDS. Major emphasis areas for this activity are training, procurement of basic equipment, and local organization capacity development. The target population for these activities is OVC, HIV-infected infants and children, their families and caregivers, community volunteers, community-based organizations (CBOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs).

BACKGROUND:

The Ambassador's HIV and AIDS Small Grants Program in South Africa (Small Grants) has had three tremendously successful years. Out of over 1,000 applications, the South Africa Mission has entered into agreement with 237 small community-based organizations (FY 2005, FY 2006, & FY 2007) in the areas of prevention, hospice care, home-based care, treatment support, and care for orphans and vulnerable children. Funded projects are located in nine provinces, primarily in disadvantaged rural areas. The average funding amount is approximately $10,000. Programs supported with Small Grants funds provide service delivery that directly impacts communities and people affected by HIV and AIDS. The USG PEPFAR Task Force is increasingly linking community and faith-based organizations funded through Small Grants with larger PEPFAR partners and South African Government departments to build capacity and ensure project sustainability. Small grants projects generate positive publicity for PEPFAR and goodwill in communities. The Mission has established guidelines and review procedures to ensure that strong applications are considered for funding through a fair, transparent process. Criteria for selection include: improvement of basic conditions at the community level; benefit a substantial number of people in the community; be within the means of the local community to operate and maintain; and quick implementation of grant within one-year agreement period. Grants must conform to the PEPFAR Small Grants Guidelines. Projects are reviewed by a technical Mission Health Committee and supervised through the Embassy and each Consulate General by State Department Small Grants Coordinators. Based on experience in FY 2005, FY 2006 and FY 2007, the USG PEPFAR Task Force anticipates the strongest applications for FY 2008 will be in the areas of (1) care, particularly hospice and community-based care, and (2) orphans and vulnerable children.

ACTIVITIES AND EXPECTED RESULTS:

The next round of applications and approvals for Small Grants has begun (with anticipated FY 2008 funding). Given three successful years of the program, the USG PEPFAR Task Force expects to fund approximately 95 community and faith-based organizations assisting OVC in FY 2008. These organizations are expected to reach 17,000 OVC with the following services: nutritious meals; educational activities including HIV prevention messages; regular home visits; assistance in birth registration and accessing government social security grants; psychosocial support and training in the establishment of food gardens. Anticipated activities include training for caregivers, stipends for caregivers, basic equipment for orphanages such as bedding and kitchen equipment, transportation costs for OVC, educational materials, and nursing supplies.

Examples of programs funded in FY 2007 include: St. Anna and Joachim Roman Catholic Organization, a faith-based organization in King Dinizulu Township, KwaZulu-Natal that provides care to more than 476 OVC. Members of the local Catholic church started the organization when they saw a growing number of orphans in the community who needed care, but were receiving little or no support. Volunteers from St. Anna and Joachim visit child-headed households provide food, help OVC gain access to government grants and services, assist with school uniforms, provide psychological support, and encourage community involvement with OVC. A small grant of $10,000 will help train the caregivers and fund small stipends to support the St. Anna and Joachim caregivers. Caregivers training typically include identification training for cases of vulnerability, abuse, ill health and HIV/AIDS infection and information and mechanisms for referral to access other Government services. Basic parenting skills, nutrition and food gardening, health and hygiene normally form part of the training.

Diabashe Day Care Center and Orphanage, a small CBO located in Mdantsane township outside East London, Eastern Cape, shelters 15 HIV positive orphans. It also provides care to 183 OVC through its day care center. The center, apart from being a safe haven where children can interact with each other and with adults in a supportive environment, may also provide daily nutritious meals, access to educational support, and other support to OVC. Diabashe works closely with government social services, which place orphans at their Center. A small grant of $10,000 will provide training to Diabashe staff on pediatric AIDS care, as well as provide the Orphanage with beds, bedding, towels, heaters, and fans. Caregivers will also receive gloves, first aid kits, nursing supplies, and small stipends.

These activities support the South Africa Mission's Five Year Strategy by providing support to and building capacity in small local organizations working at the community level. These activities also contribute to the PEPFAR goals of providing care and service to 10 million HIV-affected individuals, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7479

Related Activity: 13921, 14507, 14508, 14509, 13923

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22668	3118.22668.09	Department of State / African Affairs	US Department of State	9753	1235.09	Community Grants	$1,100,000
7479	3118.07	Department of State / African Affairs	US Department of State	4433	1235.07	Small Grants Fund	$900,000
3118	3118.06	Department of State / African Affairs	US Department of State	2716	1235.06	Small Grants Fund	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13921	3117.08	6653	1235.08	Small Grants Fund	US Department of State	$300,000
13923	8481.08	6653	1235.08	Small Grants Fund	US Department of State	$246,613
14507	14507.08	9386	9386.08	ICASS	US Department of State	$53,387

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	17,000	False
8.1.A Primary Direct	17,000	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	400	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2312.08

Mechanism: N/A

Prime Partner: National Association of Childcare Workers

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3128.08

Planned Funds: $3,922,500

Activity System ID: 14032

Activity Narrative: SUMMARY:

The National Association of Childcare Workers (NACCW) provides accredited child and youth care training to community members in order to provide holistic services to OVC. Funding will be used in the emphasis area of training and community mobilization, developing referrals and linkages, and conducting needs assessments. Primary target populations are OVC, HIV-infected families and their caregivers, and community organizations.

BACKGROUND:

NACCW is the only South African NGO focusing on provision of specialized, professional training in child and youth care. NACCW has developed a unique community-based child and youth care response to the HIV and AIDS crisis called the Isibindi Model. This program trains unemployed community members in an accredited child and youth care course and provides an integrated child and youth care service to child-headed households and vulnerable families through partnerships between NACCW and community-based organizations. This project is part of a larger initiative of the NACCW to replicate the Isibindi Model nationally in partnership with the Department of Social Development (DOSD). Since 2004, PEPFAR has supported 24 of NACCW's 40 Isibindi projects, providing direct services to 10 891 OVC and training for 430 child and youth care workers in 7 provinces in South Africa. The NACCW also offers this accredited training to other PEPFAR funded projects.

To promote the sustainability of the NACCW Isibindi childcare model, public-private partnerships will support the program in selected provinces. Partners include De Beers Fund, Anglo America Chairman's Fund, AngloGold, Royal Netherlands Embassy, UNICEF, ABSA Bank and the Impumelelo Innovations Award Trust. The NACCW has a program called Masihlangane Ngezingane Zetu: Make a Difference which focuses on securing funding for food parcels for the Isibindi projects from various other donors and private enterprises like Old Mutual, Independent Newspapers and Private Sponsorships.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training and Mentorship

Accredited child and youth care training at South Africa's National Qualification Framework (NQF) level will be provided to child and youth care workers and selected volunteers in all sites. This training is the only accredited basic child and youth care course in the country in the profession of Child Care Work. This accredited training will allow workers to be registered as Auxiliary Child and Youth Care Workers with the South African Professional Board for Child and Youth Care Work. This registration promotes professional practice and ensures that workers function within a professional code of ethics. In FY 2008 expert consultants and mentors will be provided to all 50 Isibindi Projects to ensure development of the project staff and thus ensure provision of quality services.

ACTIVITY 2: OVC Outreach Services

NACCW will ensure that all OVC are visited regularly and provided with services within a child rights framework. These services will include education on children's rights and assistance with access to education, facilitating access to legal documents, food parcels, social security grants, ARV treatment for children and health care, child protection, services for recreation and play, educational support and bereavement and grief work. Health Care services will include general health care, health care for HIV-infected OVC and preventive health care services. NACCW will ensure that OVC also receive child care services including counseling, grief-work, age-appropriate developmental programs and assessment in the context of ordinary daily events like bath-times, mealtimes, study times and playtimes. Lifespace work (using daily events and routines like meal preparation, meal times, study times, play times etc developmentally and therapeutically) will be offered in the community in homes, schools and drop-in centers to build resilience and empower OVC to take charge of their lives. To respond to large numbers of children requiring after school care services and less intensive support, the NACCW Isibindi projects will create safe parks - safe places where children can play with access to child and youth care workers. The safe park will provide homework supervision, health care assessments and HIV prevention and psychosocial discussions, organized sports fixtures, free play, group discussions by age group and gender as appropriate, cultural activities and the opportunity for children to connect with adults in a safe environment. This intervention will be replicated in the communities and in the established Isibindi Projects; the additional components serviced will be added.

ACTIVITY 3: Child Protection and Gender Equity

The NACCW program will focus on the identification, care, management and referral of children who are abused and neglected. This will be a focus area of the NACCW project in FY 2008. Expert training and support from other specialist organizations will ensure effective service from the child and youth care workers according to minimum standards and practice procedure. Caregivers will be sensitized and trained to actively identify and address gender-based violence in vulnerable households, particularly households headed by young females. Children with disabilities will benefit from focused developmental and support programs by trained child care workers including referrals and physical therapy. In addition, a gender program for the protection and promotion of the girl child will be developed in the 50 PEPFAR supported NACCW sites. This gender program will include women's development/leadership skills workshops for the child and youth workers so that gender sensitivity, women's rights and protection will be integrated into the ethos of daily activities and programs of the Isibindi project. A specific girl child program will be in place in all Isibindi sites including career camps and bursaries for girl children who have passed their final exams (grade 12) and are heading households; this will increase the economic security for the girl child and siblings in the home.

In addition to NACCW's child protection and gender equity activities, NACCW will also implement interventions designed to meet the needs of adolescent OVC girls and boys. CYCW will be trained on the needs of adolescent girls and boys and activities will be mainstreamed into all household visits and at Safe Parks. Activities will include information and education on reproductive health and teenage pregnancy, prevention of gender-based violence and gender roles and role models. This gender program initiated in FY

Activity Narrative: 2007 will be ongoing in the sites that it was piloted in and new additional projects will be provided with the program needs assessment. Ongoing follow up and support will be provided to sites that have already started this program,

ACTIVITY 4: Advocacy

The Isibindi Model translates SAG policy for OVC into practice. By sharing better practices from the Isibindi model with national and provincial government departments, NACCW will help inform national policy on OVC. NACCW promotes the UN Children's Rights Charter, the South African National OVC policy and the South African Draft Children's Bill as well as other national policy and legislation for the protection and promotion of children rights and interests in the context of HIV and AIDS. The focused advocacy from the NACCW in the consultations on the Draft Children's Bill has resulted in amendments for the inclusion of child and youth care workers in the Bill in communities as a cadre of caregivers providing social services. This will have significant impact on future of the Isibindi Model and the future security of the child and youth care workers being developed. In FY 2008 NACCW will continue to target key stakeholders such as magistrates, social workers, and officials in SAG departments such as Home Affairs (responsible for birth certificates) and Education, at provincial local level through meetings and other forums to ensure that government policy and legislation are implemented in the best interests of the child. In all Isibindi projects, children who have been refused admission to school (for lack of school uniforms or nonpayment of school fees) have all been successfully readmitted.

ACTIVITY 5: Care and Support for Disabled Orphans and Vulnerable Children

NACCW will conduct a needs assessment of each Isibindi site to identify OVC requiring care and support. CYCW will network with health care facilities and service providers in each site to foster access to specialized and disability services. A report for each site will document the number of children with special needs, describe the identified needs (both in individual children and as a group), outline existing local health/social service facilities, and articulate an action plan. NACCW mentors will meet with appropriate rehabilitation departments at local hospitals or clinics. CYCW will refer OVC for services and follow up to ensure services are received.

The NACCW activities and the replication of the Isibindi model to provide support to OVC will assist PEPFAR in achieving it goal of caring for 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7564

Related Activity: 14031, 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22993	3128.22993.09	U.S. Agency for International Development	National Association of Childcare Workers	9857	2312.09		$4,293,826
7564	3128.07	U.S. Agency for International Development	National Association of Childcare Workers	4467	2312.07	USAID GHAI	$3,300,000
3128	3128.06	U.S. Agency for International Development	National Association of Childcare Workers	2725	2312.06	USAID GHAI	$1,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14031	12366.08	6689	2312.08		National Association of Childcare Workers	$200,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	21,748	False
8.1.A Primary Direct	19,588	False
8.1.B Supplemental Direct	2,160	False
8.2 Number of providers/caregivers trained in caring for OVC	650	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas
Eastern Cape
KwaZulu-Natal
Limpopo (Northern)
Gauteng
Mpumalanga
Western Cape
Free State
Northern Cape
North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4755.08

Mechanism: N/A

Prime Partner: Mpilonhle

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8246.08

Planned Funds: $540,000

Activity System ID: 14029

Activity Narrative: SUMMARY:

Mpilonhle is a new South African community-based organization registered in 2007 with the South African Directorate of NGOs. It is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal (KZN) through its "Mpilonhle Mobile Health and Education Project. It will begin operations in late 2007 with a single mobile unit funded with support from Oprah's Angel Network, and expand with two further mobile unites funded by PEPFAR funds. It is currently building up its staff, which is expected to be 40, and is based in the Mpilonhle office in Mtubatuba, KZN. The Mpilonhle program will provide orphans and vulnerable children (OVC) with support to access education, economic support, psychosocial support, legal assistance. Mpilonhle will reach the OVC through the implementation of three schools-based activities (1) health screening, (2) health education and (3) computer -assisted learning. These services will be delivered through mobile clinic and computer laboratory facilities to OVC in 12 secondary schools in rural KwaZulu-Natal, South Africa. The emphasis areas for the Mpilonhle program will be on gender and local organization capacity building. The targeted populations are adolescents aged between 10 and 24 years and OVC among secondary school students.

BACKGROUND:

This is a new activity to be implemented by a local NGO, Mpilonhle, with support from the South African Government leadership at the district and provincial level in KwaZulu-Natal. Activities will be implemented in the Umkhanyekude District, the poorest and most rural district in KwaZulu-Natal province, with one of highest HIV prevalence. Mpilonhle will implement activities in 12 rural secondary schools that have inadequate resources in the Umkhanyekude District Municipality. Approximately 33% of secondary school students have lost at least one parent. Partners consist of the Department of Education, the South African Democratic Teachers' Union, District Health Services, and District and Municipal leadership.

ACTIVITIES AND EXPECTED RESULTS:

Mpilonhle will conduct three schools-based activities for OVC: health screening, health education, and computer-assisted learning. These count as OVC support since they provide supportive health care services, increasing access to education, economic support, and supportive social services including legal aid. These activities will be provided through mobile facilities. Each mobile facility consists of a paired-up mobile clinic and mobile computer lab, staffed by 1 primary care nurse, 4 health counselors, 1 health educator, and 1 computer educator. Each mobile facility will visit a participating secondary school one week per month for eight months per year. This allows each mobile facility to serve 4 secondary schools per school year. The project will have three mobile facilities, allowing them to serve 12 secondary schools in total. Six of the 12 schools have been pre-selected. The remaining six schools and the 24 community sites will be determined with the Mayors of Umkhanyakude District, Mtubatuba Municipality, and Hlabisa Municipality and with local officers of the DOE.

ACTIVITY 1: Health screening

A health counselor will provide students with an annual individualized health screening that includes VCT; individualized AB-counseling for HIV prevention and behavior change; counseling or referral to further services for PMTCT, ART, TB and psychosocial support; and referral to a staff social worker for assistance with accessing government grants and assistance with legal matters. School principals, local Department of Education officials, District and Municipal mayors, and focus groups of teachers and students have expressed the community acceptability of schools-based VCT. This activity provides support for OVC in the form of improving their access to health care.

ACTIVITY 2: Health education

A Mpilonhle health educator will provide students with four 90 minute small-group HIV, health and life-skills education sessions per year that will discuss the basic facts about HIV, VCT, STIs, TB, ART, PMTCT; reducing stigma and discrimination against PLHIV; and promoting respect between men and women. An age-appropriate curriculum on these topics will be developed by the Educational Development Center (EDC) and the South African Democratic Teacher's Union (SADTU), drawing on material developed by the EDC in collaboration with SADTU, and the World Health Organization (WHO). This curriculum emphasizes the tradition of improving Knowledge, Attitudes, and Practice (KAP), skill-building methods in topics such as risk reduction, being faithful, decision making, and social responsibility, as a way of preventing HIV infection, providing support to those infected and affected by HIV, respect for women, fighting stigma and discrimination, and dealing effectively with the challenges of everyday life. Group health education provides supportive social care in the form of efforts to reduce stigma and efforts to increase community awareness of care, prevention, and treatment. This activity will provide support to OVC in the form of psychosocial support and HIV prevention messages.

ACTIVITY 3: Computer-assisted learning

An Mpilonhle computer educator will provide students in participating schools with four 90 minute small-group computer education sessions per year that will provide training on how to use computers, basic software, and the internet; and computer-assisted learning for improved school performance, HIV prevention, and general health promotion. This activity is expected to improve student learning, raise graduation rates, self-confidence and employability. This in turn increases self-reliance, self-confidence and self-sufficiency and the socio-economic status of the females, thus reduces their vulnerability to coercive, cross-generational, and transactional sex. This activity will improve educational development of OVC through computer-assisted learning and will encourage OVC to stay in school and complete their education. In addition, having computer skills will improve the market skills and employability of OVC that head households.

Sustainability of activities is facilitated by building human capacity in remote rural areas. Mpilonhle maximize the capacities and skills of relatively abundant lay health workers to enable them to perform critical yet currently scarce services such as VCT, health screening and personalized risk assessment, and health education, shifting the burden of these activities away from relatively scares professional health workers like nurses and doctors. Mpilonhle will build the technical expertise and capacities of lay health

Activity Narrative: workers through rigorous training and regular refresher courses. Sustainability is also facilitated by political commitment from District and Municipal governments and the local Department of Education to scale-up and fund-raise for this activity.

Gender issues will be addressed in the provision of care and support to in-school OVC with special emphasis on the girl child. The emphasis areas for this program are Human Resources in the form of salaries for health counselors, health educators, and computer educators, Information, Education and Communication in the form of resources for health education and computer education, Infrastructure in the form of deployment of mobile clinics and computer laboratories and Development of Network/Linkages/Referral Systems through the referral of OVC to the staff social worker.

The Mpilonhle OVC activities outlined above contribute to PEPFAR 2-7-10 goals of providing care and support to 10 million people, including OVC, in the form of supporting access to health services, psychosocial support and increasing access to with economic opportunities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8246

Related Activity: 14026, 14027, 14028, 14030, 13719, 16089

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22987	8246.22987.09	U.S. Agency for International Development	Mpilonhle	9854	4755.09		$524,289
8246	8246.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	$440,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
14027	8241.08	6688	4755.08		Mpilonhle	$250,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
14030	8247.08	6688	4755.08		Mpilonhle	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	1,440	False
8.1.A Primary Direct	1,440	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	108	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4759.08 **Mechanism:** N/A

Prime Partner: Senzakwenzeke **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8259.08

Planned Funds: $250,000

Activity System ID: 13809

Activity Narrative: SUMMARY:

Senzakwenzeke (SEKA), a South African non-governmental organization (NGO) based in KwaZulu-Natal, provides psychosocial support, nutrition, counseling, homework assistance and social grant application assistance to orphans and vulnerable children (OVC). SEKA conducts training programs for Child Care Forums (CCFs) and caregivers on children's rights, child protection, and care and support for OVC. The main emphasis areas of Senzakwenzeke activities are community mobilization and participation, the development of networks, linkages, and referral systems, and training. The target beneficiaries are orphans and vulnerable children, caregivers of OVC, community leaders, SA-based volunteers, and people living with HIV and AIDS.

BACKGROUND:

Senzakwenzeke (SEKA) is a community-based organization operating in Nkandla Local Municipality, in the Uthungulu District 28 in KwaZulu-Natal province (KZN). KwaZulu-Natal is the South African province with the highest HIV prevalence rate (39 percent). The Nkandla District, one of the largest districts in KZN is characterized by high unemployment, lack of resources and a very poor infrastructure. This affects service delivery to children and the community. Within their population radius, Senzakwenzeke has identified 924 OVC, and this number is likely to increase during the next few years.

SEKA is a partnership between the local community and local health professionals. The Nkandla Hospital had identified the need for a community-based care program to provide services to OVC. SEKA provides services that are relevant to the development and well-being of OVC, such as assistance in getting social security grants, health promotion, HIV prevention messages and reproductive health education, assistance in waiving school fees for OVC to access education, and access to legal documents for succession planning. SEKA was a sub-partner under the Nelson Mandela Children's Fund program which ended in FY 2006.

With PEPFAR support since 2006, SEKA has expanded their OVC activities to three wards in the Nkandla District. As of March 2006, SEKA has been able to provide services to 924 OVC. SEKA has established strong links with the traditional leadership, the local government of Nkandla, the Nardini Sisters (a faith-based organization providing shelter and food to OVC), and the Nkandla Hospital (for OVC ART referral), in an effort to provide a strong community response to care for OVC. These and other partners work with SEKA to provide food aid, scholarships for tertiary education and skills training for OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening Community Care Forums (CCFs)

SEKA will provide support in the establishment and training of Child Care Forums (CCFs). CCFs are community-based structures focusing on meeting the needs of OVC. The role of the CCF is to ensure the identification of OVC, to be aware of initiatives involving child care and support, to create awareness of OVC issues, to assess OVC needs, to liaise with other community-driven initiatives focused on children, and to perform advocacy for OVC in the community. CCFs are vital for sustainability of OVC programs and community involvement in ensuring that the needs of OVC are addressed. SEKA partners with the Department of Social Development (DOSD) to train the CCFs, which is composed of representatives from the community. The training follows the DOSD Guidelines for establishing CCFs. SEKA implements all its OVC activities in line with the DOSD OVC Policy Framework and the National Plan of Action. Topics covered in the CCF training include, the role of the CCFs, drawing up a community profile, costing and fundraising, monitoring and evaluation, and understanding the needs and rights of children.

SEKA will expand the program by mobilizing and training 25 new caregivers in the CCFs. They will be linked to the 35 existing caregivers. These 35 caregivers will receive refresher training through a direct Train the Trainers course. SEKA will ensure close monitoring and tracking of trained caregivers and their CCFs.

ACTIVITY 2: Human Capacity Development

SEKA will provide monthly training and mentoring for their thirty-five caregivers (recruited from the community) on counseling, psychosocial support, OVC needs assessments, children's rights, special needs of the girl and boy child, referrals for ART, nutrition, child protection and gardening. In FY 2008 SEKA will recruit and train an additional twenty five OVC caregivers. During these training sessions Supervisors will provide psychosocial support or debriefing sessions for the SEKA caregivers to share their concerns and provide a forum to openly discuss what they see and experience in caring and supporting OVC.

ACTIVITY 3: OVC Care and Support

Through using the Sinomlando and REPPSI models, SEKA trains OVC on how to create memory boxes to capture family memories, deal with grief, and build resilience in OVC. Periodic home visits to the OVC, provide an opportunity for follow-up and monitoring to see if the OVC are coping with the difficult situation in their home environment. SEKA works with a number of partners in the Nkandla area, to assist with OVC follow-up by observing resilience in the families that have benefited from memory boxes.

ACTIVITY 4: Improving OVC access to Social Security Grants

During home visits, SEKA caregivers will assess whether OVC are in possession of legal documents such as birth certificates and identity documents. These documents are required in order for OVC to access government social security grants. Once the OVC is in possession of the required documents, the caregiver will assist the household with the application process to access the government social security grants and the caregivers will also provide training in budgeting skills so the OVC are able to manage this new source of household income. OVC and their households will also receive information and counseling on other available government social and health related services such as child protection and pediatric ART. The SEKA caregiver will act as a point of linkage, referral and follow-up for the OVC to access these services.

SEKA will continue to coordinate community-based outreach by Home Affairs to assist in fast tracking legal

Activity Narrative: documents for succession planning of the OVC (using mobile vans).

ACTIVITY 5: Strengthening Gender-Based Activities

SEKA caregivers work in and out of schools which run specific gender programs for girls and boys. Special sessions are held for girls and boys separately and cover issues such as sexual reproductive health, sexuality and abuse. South African Government training materials are used for the training. Additionally, SEKA caregivers will host sessions where boys and girls interact together, to share their experiences and learn from each other. Caregivers also ensure that during the OVC home visits they spend time with each individual child to give them an opportunity to ask questions or share concerns around these topics.

ACTIVITY 6: Food Gardens for Child-Headed Households

SEKA caregivers will provide training to OVC, especially child-headed households, on the skills required to create survival food gardens. The food gardens are at the homes of the children and on community land provided by the municipality. This is a wrap around activity where other stakeholders in the community provide the seeds and fertilizers for the gardens. The survival food gardens will provide vegetables which enable the children to have better nutrition. A SEKA two-week training module on food gardening includes a nutrition component encouraging the use of local plants and high nutrition vegetables to supplement the OVC nutritional needs.

Additionally, post-harvest food processing and storage activities will be included with help from the AED Umbrella Grant Management Program.

The Senzakwenzeke OVC activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8259

Related Activity: 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22899	8259.22899.09	U.S. Agency for International Development	Senzakwenzeke	9822	4759.09		$242,726
8259	8259.07	U.S. Agency for International Development	Senzakwenzeke	4759	4759.07		$230,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars $14,286

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	2,200	False
8.1.A Primary Direct	1,200	False
8.1.B Supplemental Direct	1,000	False
8.2 Number of providers/caregivers trained in caring for OVC	60	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 255.08

Mechanism: TASC2: Intergrated Primary Health Care Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 2950.08

Planned Funds: $400,000

Activity System ID: 13999

Activity Narrative: SUMMARY:

Management Sciences for Health, Integrated Primary Health Care Project (IPHC), in collaboration with the National Department of Health (NDOH), will continue to support the expansion of the orphans and vulnerable children (OVC) program in 5 provinces of South Africa (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West).

The OVC activities supported aim to strengthen communities to meet the needs of OVC and their families; supporting community-based responses, helping children and adolescents to meet their own needs and creating a supportive social environment. The activities under this program specifically aim to assist OVC with access to education, economic support, provision of food and or nutrition, legal assistance, healthcare, psychological support and protection from abuse. The target populations for the activity are OVC and their caregivers and people living with HIV. The major emphasis areas are in local organization capacity and wrap around activities with child survival interventions that link the IPHC partner organizations to their nearest clinics.

In FY 2007, IPHC increased the number of partner NGOs from 7 to 23 and they now include the following:
-Eastern Cape Province: Inkwanca Home-based Care, Ikhwezi Lomso Child & Family Welfare Society, House of Hope Hospice, Ncedisizwe Home-based Care, Bonukhanyo Youth Organization.
-KwaZulu-Natal Province: Khanyiselani Development Trust/National Peace Accord, Sibambisene Organization, Inkosinathi HIV/AIDS Project, Masakhane Women's Organization,
-Limpopo Province: Makotse Women's Club, Direlang Project, Makhuduthamaga Community Home-based Care Organization, Lafata Home-based Care, Mohlarekoma Home-based Care,
-Mpumalanga Province: Zimeleni Home-based Care, Thuthukani Home-based Care, Sizanani Home-based Care, Luncedo Lwesizwe Home-based Care,
-North West Province: Thibela Bolwetse Project, Botho Jwa Rona Home-based Care, Pholo Modi Wa Sechaba Home-based Care, Winterveldt HIV/ AIDS Project, Progressive AIDS Project.

BACKGROUND:

This activity is on-going and continuing from activities initiated in FY 2006 and FY 2007. IPHC will be working with NGOs and Community-Based Organizations (CBOs) that are implementing activities aimed at improving the lives of OVC. All NGO/CBO activities are integrated into the plans of the Departments of Health and Social Development. With FY 2008 PEPFAR funding, the IPHC will also establish and strengthen the referral system between the NGOs and CBOs and, local municipality and health facilities to increase access to health services e.g. provision of childhood immunization, pediatric HIV testing, clinical monitoring and management of ARV therapy when necessary. IPHC has a wrap around child survival activity at the health facilities surrounding these OVC organizations and will work to actively encourage and support referrals between the CBOs and the health facility. IPHC and its sub-partners will strengthen collaboration between the South African Police Services and Child Protection Units to report cases of abuse and rape especially in child-headed households. IPHC will engage traditional leaders to raise awareness and address the abuse of girl children in their communities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization and Participation

Using FY 2007 funds, IPHC managed to increase the number of NGOs providing care and support to OVC from seven (7) to twenty-three (23) in the 5 provinces. As a result the number of OVC served surpassed the set target of 10,000 for FY 2007. In FY 2008 the aim is to continue to increase the number of caregivers, expand the services provided and increase the number of OVC that receive support. To achieve this IPHC will build the capacity of NGOs and CBOs through training, expanding networks and partnerships, and identifying opportunities for fund raising. This will enable organizations to effectively and efficiently implement integrated programs that are responsive to the needs of OVC at local level.

IPHC will also increase the number of caregivers trained in psychosocial aspects of working with OVC, including understanding their developmental needs and support requirements of children. IPHC will also assist with the identification of accredited service providers to provide training to the NGOs on technical aspects related to OVC care. Examples of such training include financial and project management, data management and reporting, financial proposal development and fundraising. IPHC will work with the NGOs that have crèches and drop-in centers and raise their knowledge in relation to children's needs and rights, in line with the guidelines of the Department of Social Development on early childhood development. The trainings shall be at local district level in the five provinces.

It is expected that a total of 15,000 OVC shall be reached by end of FY 2008.This will be done through specific training that will be conducted on child rights, child participation and memory work' with children.

ACTIVITY 2: Capacity Building/Technical Support

With FY 2008 PEPFAR funding, IPHC will provide technical support to NGOs and CBOs to enable them to provide a comprehensive package of care and support to OVC. The package includes support to OVC to obtain birth certificates and identification documents; access social security grants; psychosocial support that includes trauma, bereavement and basic counseling; emotional and spiritual support; counseling and debriefing of caregivers to prevent burnout; referral to clinics and hospital for pediatric ARV treatment and adherence; immunization; age appropriate messages on prevention of HIV infection; support for child-headed households and protection interventions to prevent sexual abuse, rape, land grabs and provide security of inheritance; access to life skills education; access to legal aid to prevent social neglect.

In FY 2008, IPHC will directly provide mentoring and technical support to NGOs in the areas of administration, financial management and reporting, data collection, monitoring, evaluation and report writing. A simple accounting and financial package, that is user friendly, will be provided to all NGOs trained so that they can apply it in their financial reporting. The newly designed data collection and reporting forms, registers and child in-take forms will be used in group trainings to build the skills of NGOs in data reporting. All 23 NGOs shall be supported to develop a monitoring and evaluation system that has activity plans,

Activity Narrative: targets, simple indicators, outputs and outcomes and time-frames. This will be done through short-term one week training sessions that will be followed up with on-site field visits by the technical advisor and provincial coordinators.

ACTIVITY 3: Linkages and Networks

IPHC will facilitate partnerships between the 23 NGOs and other local organizations working with OVC in order to encourage shared knowledge and learning. IPHC will also ensure that NGOs participate in the local coordinating structures such as District AIDS Councils (DACs) to facilitate access to resources for OVC. IPHC will also form Child Care Forums to ensure that OVC receive appropriate services and encourage community protection of OVC. IPHC supported NGOs will also advocate for the inclusion of OVC care and support service into the Local Government's Integrated Development Plans (IDPs). The 23 NGO sub-partners will be linked to the child survival activities through the Integrated Management of Childhood Infections (IMCI) portion of the IPHC implemented in conjunction with the Department of Health and other partners. IPHC will ensure that OVC continue to be fully immunized through referrals by the 23 NGOs to nearby clinics. The NGOs will also be encouraged to monitor the weight of children, especially in the light of HIV/AIDS, to enable early detection of children failing to thrive. Access to ARVs will be improved through facilitation of referrals of OVC to nearby health facilities that offer these services.

IPHC will assist PEPFAR to achieve its goal of caring for 10 million people, including OVC, by increasing OVC access to government support, expanding linkages and referral systems with other health and social services, and strengthening and expanding OVC policies and guidelines.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7555

Related Activity: 13996, 13997, 13998, 14001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23102	2950.23102.09	U.S. Agency for International Development	Management Sciences for Health	9900	255.09	TASC2: Intergrated Primary Health Care Project	$291,271
7555	2950.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$400,000
2950	2950.06	U.S. Agency for International Development	Management Sciences for Health	2644	255.06	TASC2: Intergrated Primary Health Care Project	$225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13996	2952.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$194,000
13997	2949.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$794,250
14001	2948.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$588,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	20,000	False
8.1.A Primary Direct	15,000	False
8.1.B Supplemental Direct	5,000	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Business Community

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 418.08
Mechanism: Track 1
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7542.08
Planned Funds: $446,068
Activity System ID: 13708

Activity Narrative: SUMMARY:

CARE USA Local Links Project (CARE) provides support to orphans and vulnerable Children (OVC) and strengthens families affected by HIV and AIDS. CARE works through South African locally-based sub-partners to stimulate and support the use of local resources (human, economic and knowledge systems) to promote the wellbeing and protection of OVC. Local Links will expand it technical support for OVC services to implementing partners working through CARE's LETSEMA project. This will also entail expansion into Mpumalanga. Emphasis will be on building the capacity of local organizations to strengthen direct service delivery to OVC and their caregivers and developing networks for linkages and referrals. Targeted populations are OVC, people living with HIV and AIDS (PLHIV) and religious leaders.

BACKGROUND:

Local Links is part of the CARE USA OVC-focused Track 1 project implemented in South Africa and Kenya. This is the fourth year of Local Links Project, ending in March 2009 funded through Track One. CARE Local Links activities are: strengthening economic coping mechanisms of households caring for OVC; strengthening the capacity of sub-partners to provide a range of innovative services to OVC and their families; and promotion of advocacy efforts sensitive to the needs and rights of OVC and PLHIV. CARE implements activities in Motheo and Thabo Mofutsanyane Districts in the Free State province, as well as Mopane and Sekhukhune in the Limpopo province. CARE works in partnership with eleven sub-partners. Due to increased funding from the local mission and the redirection of OVC program funding for LETSEMA, new partners be added to scale up and reach more OVC. Scale-up will be done in consultation with the provincial Departments of Social Development (DOSD) and Health.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Economic Strengthening - Voluntary Saving and Loans (VSL).

CARE will continue to focus on women's (caregivers) access to income and productive resources through VSL (VSL is a group savings and internal lending model that creates a base for economic security for vulnerable families. The loans are circulated among group members based on individual emergency needs, which are usually medication, transport to health service, school fees and uniforms for children, food, etc. VSL members use groups as social safety net to help them cope with family stresses including death and others related stresses) and Income Generating Activities (IGA). In addition CARE will focus on improving the qualitative aspect of the economic empowerment component. Usually, a VSL group has at least six members who meet monthly for saving and internal lending. VSL induces demand for IGA training, CARE will continue to provide training and support to caregivers needing IGA training. Economic security activities are contributing to improved wellbeing of OVC and caregivers; feedback indicates that VSL members have increased ability to buy food, pay school fees, pay for health services etc. VSL groups serve as one of the entry points to reach caregivers and OVC with other services. CARE will strengthen the social support function of VSL and will facilitate training for grandmothers with a particular focus on communicating and caring for adolescent OVC. CARE will expand the baseline and impact study two additional villages. In addition, CARE USA will facilitate an evaluation across Local Links in Kenya and South Africa.

ACTIVITY 2: Capacity Building for Sub-Partners

CARE will continue to strengthen and improve the quality of services offered to OVC and their caregivers by focusing on in-depth institutional and programmatic support. CARE will continue to support and build the capacity of sub-partners to provide a range of services; this will include strengthening home-based care support services offered to OVC and their caregivers and work on the support groups for OVC and caregivers who are both infected and affected by HIV and AIDS. In order to improve capacity of sub-partners to provide better services, in FY 2007, CARE appointed a Social Worker to work with sub-partners across Limpopo Province. CARE will adapt the Hands at Work curriculum for use in training caregivers, especially grandmother to improve their communication with adolescent OVC. Elderly caregivers experience great difficulty in raising OVC, particularly adolescent OVC. CARE also attended the International Child Development Program (ICDP) focusing on caregivers' communication skills with OVC. The social worker will support partners in improving OVC access to legal documentation, state income grants, support for staying in school, and volunteer stipends CARE with the help from an intern from CARE USA has developed a Sexual Health Reproduction manual targeted at caregivers and OVC with one of the sub-partners in the Free Sate Province (Mosamaria). This manual will be used to enhance the capacity of caregivers in communicating with OVC about issues of sexual health and reproduction, and issues related to HIV and AIDS prevention. CARE will also focus on enhancing the capacity of sub-partners to provide support to caregivers to cope with stresses of home-based care through care of caregivers program that is based on group debriefing, the model will also be used to strengthen support groups of the infected and affected. Through the appointment of the Professional Nurse, CARE will strengthen the health component within sub-partners to work with government departments at district and provincial level to ensure access to basic health care, ART, training and mentoring of volunteers and staff to improve the clinical component of home-based care. The nurse will also work with Early Childhood Development and Drop-in-centers in strengthening teachers and caregivers' capacity to access basic health services, improve on nutrition, and early identification of positive children and referral for pediatric treatment. CARE will also explore partnerships with PEPFAR partners who have a strong focus on ECD in order to strengthen the capacity of ECD teachers to deal with children who infected and affected by HIV and AIDS. A special focus will be on youth programs within sub-partners to improve HIV prevention messages and peer-led youth education and counseling using, the Harvard OVC Peer-led Education intervention program. In addition, CARE will explore Youth Vocational Training to strengthen the livelihood and economic security of the vulnerable and orphaned youth. In order to do this, CARE will link with partners and private sector that have strong Vocational Training focus. CARE will use the organizational development (OD) experience and lessons learned to replicate to sub-partners to strengthen their OD capacity. The OD support is aimed at organizational sustainability and improved quality of services delivered to OVC and their caregivers

ACTIVITY 3: Advocacy

CARE will continue to use Participatory Educational Theatre (PET) to deal with issues of stigma and discrimination and other OVC rights-based issues, for preventative messaging and training of youth

Activity Narrative: counselors. Cooperation with DramAidE (PEPFAR partner) will be explored to strengthen this activity. CARE will continue to work with the mainstream and traditional church leaders to use sermons to address issues of stigma and discrimination in their congregations and enlisting their support for HIV and AIDS affected households. Training manual for use by the church leaders has been developed; CARE will disseminate the manual and lessons learned about this activity to sub-partners for their adoption. In FY 2007 CARE developed an advocacy strategy that will help sub-partners identify advocacy issues as they relate to OVC, for example, one of the partners in Free State trained caregivers on starting food gardens in order to improve the nutrition of OVC; lack of water facilities in the area made it difficult for the caregivers to implement the training. The strategy will help sub-partners undertake appropriate actions in order to improve OVC services. CARE will continue to participate in the National Plan of Action through the National Action Committee for Children affected by HIV and AIDS (NACCA) and on the NACCA sub-committee on food security. This activity will continue through FY 2008. The CARE program is consistent with the Department of Social Development's Plan of Action for OVC. In addition, CARE will continue liaising with other relevant Departments in as far as influencing the improvement of OVC services, namely the Department of Health, Agriculture and Education and participation in the police forum in Tzaneen to ensure that the police have the appropriate response to issues of child and women abuse.

In Limpopo, CARE will contribute to the development of appropriate policies for OVC within the Provincial Department of Social Development.

CARE activities will contribute to PEPFAR 2-7-10 goals by improving access to quality care for 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7542

Related Activity: 13709

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7542		U.S. Agency for International Development	CARE USA	4458	418.07	Track 1	$398,083

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars $8,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	8,207	False
8.1.A Primary Direct	6,030	False
8.1.B Supplemental Direct	2,177	False
8.2 Number of providers/caregivers trained in caring for OVC	803	False

Indirect Targets

All Local Links targets for FY 2007 and FY 2008 will be direct.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Free State

Limpopo (Northern)

Mpumalanga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4616.08

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12511.08

Planned Funds: $0

Activity System ID: 13705

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity.

PEPFAR funds $400,000 were allocated to CARE International to provide services to OVC within their palliative care program. The number of OVC identified by CARE International warrants a program on its own. CARE International is funded by USAID to provide services to OVC in South Africa. In FY08 all OVC identified by CARE International will be transferred to the USAID funded project. Both projects are implemented by CARE International therefore a smooth transition with uninterrupted services at the same level is anticipated.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12511

Related Activity: 13701, 13702, 13707, 13703, 13704, 13706

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12511	12511.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510
13702	12253.08	6577	4616.08		CARE International	$28,226
13704	7873.08	6577	4616.08		CARE International	$2,437,830
13706	12417.08	6577	4616.08		CARE International	$211,824

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	5,000	False
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	2787.08	**Mechanism:**	N/A
Prime Partner:	Absolute Return for Kids	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	7886.08	**Planned Funds:**	$970,000
Activity System ID:	13346		

Activity Narrative: SUMMARY:

ARK's activities are aimed at improving the lives of orphans and other children made vulnerable by HIV and AIDS through strengthening school communities to meet the needs of orphans and vulnerable children (OVC); identifying OVC and assisting them to access government social grants, community support as well as appropriate referral to health facilities; and nutritional support through establishing sustainable food gardens in the schools. The primary emphasis areas for these activities are training and local organization capacity development. Specific target populations include the general population from children less than 5 years to adults, OVC and their caregivers.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty.

In partnership with the KwaZulu-Natal (KZN) provincial government, ARK has established a comprehensive antiretroviral HIV and AIDS treatment program in government primary health centers and hospitals. Specifically, ARK works with the provincial government to identify sites and areas for capacity building including human resources, human capacity development, and modest infrastructure. Last year with other donor funds, the ARK Child Services program piloted its interventions through schools and community care workers to identify and assist OVC to access government grants; improve access to health facilities; access counseling; and providing a seven-day school-based feeding and sustainable food gardens. To date 5,000 children from 12 schools in rural KZN are fed daily; 687 children have been assisted to access grants; 461 children referred to health facilities; 1000 received the services of social workers; and 50 destitute families were provided with monthly food parcels. With FY 2008 PEPFAR funding, ARK will expand its child services program in KZN communities.

ARK's activities will be implemented in partnership with the provincial government of KZN, specifically with Departments of Education, Health and Social Development. The KZN Departments of Education and Social Development support the expansion of this project

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Provincial Government

ARK will work with provincial government to develop the necessary processes and systems to manage the OVC program and to ensure that the model created is scaleable, sustainable and replicable. ARK will employ social workers and nursing staff to work with the local government schools in linking sick children to primary healthcare facilities at which ARK's ARV treatment program is in place.

ACTIVITY 2: Community Mobilization

This activity will mobilize and empower school communities to meet the needs of OVC. Schools will form clusters (4 - 8 schools per cluster) around primary healthcare facilities at which ARK's ARV program is in place. These schools will be empowered with knowledge, skills and strategies to plan, execute and monitor interventions that respond to the needs of orphans and vulnerable children attending their schools. This activity will provide a strong base in the community by utilizing available resources (schools and educators) to ensure that vulnerable children are cared for. This activity is in line with one of the key strategies of the government to mobilize and strengthen community-based responses for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS. ARK will develop a tool which accurately and reliably identifies children who fit the profile of the target population including those in need of grants who have not accessed one.

ACTIVITY 3: Healthcare Support

Each cluster of schools will be allocated at least one registered community health nurse who will visit the schools to assist with the identification of sick children needing ARV treatment and other health services. ARK will develop a tool which accurately and reliably identifies children who fit the profile of ARK's target population; HIV-infected children and those in need of ARV treatment. Each cluster of schools will have a social worker who will oversee home visits; conduct needs assessments and refers sick siblings in the household to the relevant healthcare facility.

ACTIVITY 3: Economic and Social Support

Community care workers (CCW) will be recruited to assist orphans and vulnerable children in accessing suitable social and health facilities. These community workers (3-4 community workers per school) will be trained to identify OVC, follow-up through home visits, conduct needs assessments, and assist with access to birth certificates and government grants. Each cluster of schools will have a social worker who will be responsible for supervising the community workers and following up the more serious cases. The CCW will co-ordinate the referral system between teachers and community workers and will ensure appropriate case management. The community workers will also be trained to facilitate support groups for the children especially groups for child-headed households and will focus on special needs of girls.

ACTIVITY 4: Food Security

ARK will provide nutrition support through the establishment of food gardens in the cluster of schools. Schools will work with the community workers to initiate food gardens. ARK will partner with KZN provincial government, specifically the Department of Agriculture's extension officers, and other NGOs that provide training for the development of food gardens and ongoing agricultural support. ARK will provide the resources such as gardening equipment, services of an agricultural organization to train and mentor the schools for the sustainability of the food gardens.

ACTIVITY 5: Capacity development

Activity Narrative:

ARK will provide both formal and informal training per cluster for two social workers, 18 - 24 community care workers, as well as 80 educators and institutional management teams in the schools. ARK will utilize existing and will develop specialized training modules where needed, that will address topics such as: the developmental stages of the child (male and female); grant access; child protection, special needs of the girl child, and minimizing stigma. Training of community workers will be conducted in collaboration with accredited service providers such as the National Association of Child Care Workers (NACCW). The Valley Trust will provide training in establishing food gardens. ARK will provide overall support and supervision to the project, ensuring ongoing mentorship of the trained groups, as well as liaison with other partners for knowledge sharing and identifying opportunities for growth. Through home visits, Child Care workers (CCW) will be able to train and support caregivers to better care for their children.

ACTIVITY 6: Referrals and Linkages

ARK works in partnership with other NGOs, local government and government departments. ARK has had extensive consultations with the Departments of Education, Health and Social Development to ensure support of this program. Other local service providers, NGOs, CBOs and FBOs will be identified for referrals to and from ARK services.

The Department of Social Development has acknowledged the significant contributions from ARK in the policy development processes for OVC and this will continue. ARK participates in the National Action Committee for Children Affected by HIV and AIDS (NACCA).

ARK's OVC activities directly contribute to the PEPFAR goal of 2-7-10 by providing care to 10 million people, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7886

Related Activity: 13355, 13344, 13345, 13347, 13348, 14254

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22556	7886.22556.09	U.S. Agency for International Development	Absolute Return for Kids	9722	2787.09		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13355	13355.08	6447	2787.08		Absolute Return for Kids	$727,500
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
13347	7883.08	6447	2787.08		Absolute Return for Kids	$194,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	10,740	False
8.1.A Primary Direct	10,740	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	165	False

Indirect Targets

Since the OVC Guidance has changed ARK will not collect any indirect OVC targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	227.08	**Mechanism:**	ASPH Cooperative Agreement
Prime Partner:	Association of Schools of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	2933.08	**Planned Funds:**	$400,000
Activity System ID:	13386		

Activity Narrative: SUMMARY:

Through the Center for the Support of Peer Education (CSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (abstinence and being faithful (AB) and Other), orphans and vulnerable children (OVC), and system/capacity building goals by providing training, technical assistance, and materials development to government, NGOs, faith-based organizations (FBOs), corporate, and other organizations using peer education strategies. CSPE is the first South African academic center devoted to development and continuing improvement of a sustainable national inter-sectoral peer education system. The major emphasis area for this activity is training with a minor focus on local organization capacity development and policy and guidelines. The target populations are OVC, their caregivers, primary and secondary school students, community and religious leaders, volunteers, teachers, CBOs, FBOs and NGOs.

BACKGROUND:
This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools in wide circulation to improve how peer education is conducted (Rutanang). Rutanang peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., voluntary counseling and testing (VCT), treatment, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

All CSPE OVC peer education activities and materials will explicitly and intensively address the following areas of legislative interest: male norms and behaviors, sexual violence and coercion, stigma reduction, and maintaining infected and affected children in school. Though focused on specific OVC needs, peer education activities also emphasize delay of sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education to provide psychosocial support for OVC also seeks to promote advocacy to make environments safer.

The OVC peer led intervention in FY 2008 will expand the initial pilot program (materials development, design and pilot in FY 2007) for 14 - 16 year olds, in selected sites to be determined. The expansion will target 5 OVC organizations, across 10 sites. This results in training of 30 adult supervisors; 30 peer educators trained in implementation; and 120 OVC supported through a peer led intervention.
In FY 2008 CSPE will also conduct a situational analysis, materials development, training and implementation of a pilot program for 5-10 year olds with selected partners yet to be identified. CSPE will maintain support and mentoring to the sites that initiated the programs for 10-13 year olds and 14-16 year olds in previous years.

NGOs and government departments addressing the urgent needs of South Africa's estimated one million OVC face a critical shortage of professional capacity. Beyond necessary survival resources, OVC require sustained psychosocial support, assistance with a variety of concrete coping skills, and effective education to prevent behaviors that put them at risk of HIV infection and other threats to health and safety. Many OVC do not understand these needs or seek this help, and will only receive it in environments that have their own appeal and are protected from stigma and shame. They also need what all young people need: Social activities that are fun and connect them with their peers, schools and churches, and communities. Structured, time-limited, highly interactive groups with clear sequential educational objectives can provide activities that get youth to laugh, and also help them acknowledge and express their grief and fears and recognize their strengths and assets. Focused mutual-help groups also enable participants to experience themselves as valued supporters for their peers while they are being helped themselves. Well-trained and carefully supervised peer educators can plan and facilitate these groups, serve as role models of resilience, and help OVC form a mutual support network to assist with maintaining school attendance and accessing critical services.

Building on its ongoing PEPFAR-funded work to promote a sustainable intersectoral system of rigorous peer education standards and practices, the Harvard School of Public Health will collaborate with six PEPFAR-funded OVC service providers to develop, implement, assess, refine and disseminate tools and materials, training and technical assistance packages, and monitoring and evaluation protocols for peer education strategies to help OVC apply their own considerable strengths to the creation of sustainable community-based supports. In late 2007 and in 2008, with materials field-tested and formative evaluation complete, HSPH will implement systematic training and technical assistance in the use of these materials to support OVC. We will also take advantage of national meetings and conferences to convene working groups of OVC-serving partners for periodic feedback on how the materials are being used, and on needed improvements and additions. Special attention will be paid to monitoring and evaluation processes, including the tracking of group participants over time to assess their degree of effective coping.

Materials and models developed through this project will constitute much-needed resources to expand the number of OVC for whom psychosocial support, with its positive effects on other OVC outcomes such as retention in school and access to health services, will be available.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7292

Related Activity: 13384, 13385, 13387

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22601	2933.22601.09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	9736	227.09	ASPH Cooperative Agreement	$0
7292	2933.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4368	227.07	ASPH Cooperative Agreement	$100,000
2933	2933.06	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	2635	227.06	ASPH Cooperative Agreement	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13384	3835.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$600,000
13385	2932.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$300,000
13387	2934.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	690	False

Indirect Targets

No indirect targets will be reported in FY 2008.
Initial FY 2007 goals are to work with a limited number of PEPFAR partners to develop and implement, assess and refine a set of tools and materials and technical assistance training packages and monitoring and evaluation protocols for peer education in OVC settings. All contributing organizations will be PEPFAR partners. This initial phase of the project will entail working on new materials and activities with our partners through their work with OVC populations (5 organizations, 10 sites, 1 or 2 groups per site, 20 youth per organization = 180 youth or children). In FY 2008 we will provide intensive training and technical assistance to CBOs and FBOs in the use of the models and materials developed and tested in FY 2007/FY 2008. TA will primarily be directed towards PEPFAR partners, but agencies supported by the Department of Social Development may also benefit from HSPH materials and services. The estimates of #s of OVC reached indirectly are highly conservative; they do not count individuals trained by HSPH/CSPE-trained colleagues, or individuals who use Rutanang materials without training.

10-13 years: 40 sites x 3 supervisors per site = 120; 40 sites x 6 PEs per site = 240; 40 sites x 4 groups x 12 OVC = 1920 OVC; This is the third year of implementation.
14-16 years: 20 sites x 3 supervisors = 60; 20 sites x 6 PEs = 120; 20 x 2 groups x 12 OVC = 480 second year of implementation.
5 - 10 years: 10 sites x 3 supervisors = 30; 10 sites x 6 PEs = 60; 10 sites x 2 groups x 12 OVC = 240: pilot phase

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

Gauteng

KwaZulu-Natal

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	4745.08	**Mechanism:**	N/A
Prime Partner:	Anglican Church of the Province of Southern Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	8182.08	**Planned Funds:**	$1,200,000
Activity System ID:	13383		

Activity Narrative: SUMMARY:
The Anglican Church of Southern Africa (ACSA) program aims to support orphans and vulnerable children (OVC) by meeting basic and immediate needs while simultaneously building capacity in families, leaders and communities to develop local sustainable solutions to meet the long term needs identified by children and their caregivers in their communities. The primary emphasis area for this activity is in-service training of caregivers. Specific target populations are OVC (boys and girls ages 0-18 years), people living with HIV and AIDS, religious leaders and teachers.
BACKGROUND:
The ACSA Care for Orphaned and Vulnerable Children (OVC) program builds on a successful OVC model piloted under ACSA's "Isiseko Sokomeleza" which means Building a Foundation, program in partnership with Heartbeat Center for Community Development, the Barnabas Trust and the Anglican Mothers Union (MU), in the four Eastern Cape Dioceses of Grahamstown, Port Elizabeth, Umzimvubu and Mthatha. All activities will be implemented directly by the Anglican Mothers Unions, an important women's group within the Anglican Church. Partner organizations provide mentoring and technical assistance to groups of trained caregivers. This model encourages community participation and supports traditional community life while strengthening mutual assistance and social responsibility. This ACSA model ensures that communities understand the needs and rights of the children in their community and protects them from abuse. The ACSA model will be scaled-up and expanded in all nine provinces. A preliminary needs analysis of the 20 dioceses in South Africa showed that all 20 dioceses would benefit from coordinated support in implementing programs that care for OVC. The ACSA's approach to caring for children builds on the 6 strategies in the policy framework of National Plan of Action of the South African Government's Department of Social Development (DOSD). The South African constitution guarantees all children the right to comprehensive healthcare and basic health services. In addition, ACSA will give special consideration to HIV-infected OVC to ensure that they are referred to HIV pediatric treatment. ACSA also plans to develop activities to focus on vocational training for older OVC and caregivers.

To assist girls to understand the risk of early sexual activity, the ACSA program will provide age-appropriate, culturally sensitive educational interventions for comprehensive HIV and AIDS knowledge, reproductive and sexual health and life skills at kids clubs, schools and in communities. Gender inequalities affect girls' access to and interaction with health services, including those for HIV prevention and AIDS care. The ACSA program will emphasize keeping girls in schools and promoting girls' access to health services. Teachers are ideally placed to track the wellbeing and change in children and identify OVC. Age-appropriate life skills and sex education including HIV prevention messages and empowerment activities combined with caregiver training will help mitigate this trend and protect young girls.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Building community capacity to care for OVC
Volunteers will be trained to provide care and support of OVC. The trained volunteers will recruit and train community caregivers to increase the local capacity of their communities. The training will focus on the process of planning and implementing OVC projects in community parishes. Upon completion volunteers will have a better understanding of how to deal with OVC in order to provide comprehensive, integrated and quality responses such as psychosocial support, accessing child support grants, healthcare, nutrition and other life sustaining services. The training will be provided through a partnership comprised of Barnabas Trust, Care for Kids and staff from the Anglican Church. Each partner will have its own curriculum but in essence focus on enabling community organizations (parish-based projects) to have an integrated approach to delivery of services to orphans and vulnerable children. The partner organizations will provide mentoring to all trained caregivers, after the training. The mentors will provide technical assistance and retraining to groups of caregivers in each diocese as the need arises. The Project officer will assist the Diocesan OVC Coordinators and will also provide technical assistance to the caregivers. They will receive all the necessary forms to assist with the assessment process of children and households. The principals and teachers at schools within the Diocese will complete a survey to assist the caregivers to identify the children who will be provided assistance through the "Back to school" support intervention. In addition ACSA will locate a new partner to provide vocational training for older OVC and caregivers.

ACTIVITY 2: Community engagement workshops
These workshops will serve to influence norms on acceptable treatment of OVC thus confronting stigma and discrimination. The workshops will provide platforms for ACSA partners to network and share lessons learned on how to best intervene on behalf of OVC, create gender awareness and eliminate stigma and denial. Joint action and initiatives will be implemented at annual mass events such as International Children's Day, Child Protection Day, Women's Day, 16 Day of No Violence Against Women and Children, the Special Day of Prayer for Orphans and "The School is Cool" Campaign with special emphasis on involving meaningful participation of young people in the planning and delivery of these events.

ACTIVITY 3: Partnerships
Partnerships with organizations and institutions (Barnabas Trust, Heartbeat, etc.) that have developed programs and material on abstinence, sexuality, life choices, etc. will be strengthened. The content of these programs will be discussed with Parish coordinators and communities. New partnerships will be developed and child care workers will be trained in abstinence and behavior change interventions, reproductive, sexual health and life skills. HIV education and awareness will be facilitated at the schools with special emphasis on supporting OVC in schools; this will support the children who attend the psychosocial support groups. Four workshops will be held in the 20 Anglican Church dioceses.

ACTIVITY 4: Care and counseling of children, caregivers and parents
Care and counseling will be provided to meet the bereavement needs of OVC and to facilitate the mourning processes for adults who care for OVC. Bereavement workshops will be held quarterly to assist parents and caregivers. Four retreats will be held semi-annually for caregivers to facilitate debriefing and sharing experiences. Follow-up home visits will be conducted to ensure that, in child-headed households are provided with support and they know how to access the necessary services. Follow-up and monitoring to track the progress of children who receive school uniforms and other school supplies through the Back to School intervention is vital for the program. This will also ensure that ACSA track children who drop-out of school for specific reasons and to offer support through the after school activities. The OVC will receive assistance with homework and assignments. This will happen at parish level and retired teachers and older learners are recruited. Donations from non-PEPFAR sources will be delivered to households and families,

Activity Narrative: i.e. blankets, food parcels, toys, etc.

ACTIVITY 5: Linkages with Faith-based Organizations (FBOs) and Community-based Organizations (CBOs)
This activity will develop effective linkages with FBOs and CBOs to share resources, information on best practices and increase capacity of FBOs and CBOs to support OVC in their communities. These Child Care Community Forums, comprising, FBOs, CBOs, the South African Police Service (SAPS), schools and community leaders will ensure that all stakeholders develop a common vision in dealing effectively with the challenges that children face in their communities. ACSA will provide advice and training to other faith leaders, traditional leaders, NGOs and community leaders on how to effectively collaborate, in order to appropriately respond to OVC needs. Consultations will be held at parish level to get the support of the leadership and clergy as well as other religious leaders of various faiths in the communities to address the plight of orphans and other vulnerable children.

ACTIVITY 6: Advocacy
This activity will focus on building caregiver capacity (within ACSA and externally) to advocate on behalf of OVC. This will be done by establishing linkages with government departments, municipalities and other service providers to facilitate the provision of wrap-around services and support such as accessing government social grants, health services, registration of birth certificates, legal aid, advice and support to establish food gardens, etc. ACSA will explore ways to introduce tools to avoid and reduce the issue of gender-based violence into their activities, in order to strengthen social cohesion in communities. Assistance will be given to families and households by providing information on the rights of women regarding inheritance, developing legal wills and other legal advice. The sustainability of the project will be ensured by empowering local communities with the knowledge and experience of working with OVC. Continued support from the church and expanded linkages will ensure the long-term viability of the project. ACSA will focus on expanding partnerships with governmental agencies, FBOs, and the private sector to increase its funding base. Local partnerships will be expanded to other FBOs, CBOs and NGOs in an effort to expand the network of care and resources. The development of relationships with corporate and private partners who can contribute funding and in-kind resources to the project will also be initiated.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8182

Related Activity: 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22598	8182.22598.09	U.S. Agency for International Development	Anglican Church of the Province of Southern Africa	9735	4745.09		$1,048,577
8182	8182.07	U.S. Agency for International Development	Anglican Church of the Province of Southern Africa	4745	4745.07	New APS 2006	$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	25,000	False
8.1.A Primary Direct	15,000	False
8.1.B Supplemental Direct	10,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,500	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

Western Cape

Free State

Gauteng

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4634.08

Mechanism: N/A

Prime Partner: Kingdom Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 7936.08

Planned Funds: $0

Activity System ID: 13982

Activity Narrative: This activity was approved in the FY 2007 COP. PEPFAR funds were allocated to Kingdom Trust through NMCF to provide OVC services. Kingdom Trust provided psychosocial support training and HIV prevention education for OVC. In addition, Kingdom Trust facilitated training of child care forums (CCFs), which are community based structures focusing on the needs of OVC. In July 2007, USAID received the report that Kingdom Trust will not be able to accept PEPFAR funds since the Board has dissolved the organization. In order to ensure continuity of the services rendered by Kingdom Trust, the $240,000 approved in FY 2007 and also earmarked $240,000 for FY 2008 are requested to be reallocated to increase the capacity of CWSA, which works in the same province where Kingdom Trust was operating, to ensure continuity of services. Therefore, the original earmark for Kingdom Trust in FY 2008 will increase CWSA to continue rendering services in Limpopo and there is no need to continue Kingdom Trust in FY 2008. No FY 2008 funding is requested for this activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7936

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7936	7936.07	U.S. Agency for International Development	Kingdom Trust	4634	4634.07		$0

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	2,000	False
8.2 Number of providers/caregivers trained in caring for OVC	72	False

Indirect Targets

Although 2000 children will recieve 3 or more services directly, there are a number of children who will benefit from 1 or 2 services especially as Kingdom Trust actively mobilises the community through its linkages with the churches, schools and the child care forums. With Kingdom Trust being the secretariat for the child care forums, the programme activities are well publicised within the community enabling them to indirectly serve more OVC.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	504.08	**Mechanism:**	N/A
Prime Partner:	Nurturing Orphans of AIDS for Humanity, South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3052.08	**Planned Funds:**	$1,998,200
Activity System ID:	14251		

Activity Narrative: SUMMARY:
Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes communities form networks of care called "Arks", which provide a range of services to orphans and vulnerable children (OVC) including: nutritious meals; educational activities including HIV prevention messages; regular home visits; assistance in birth registration and accessing government social security grants; psychosocial support and training in the establishment of food gardens. Through effective implementation of the NOAH model, with continued emphasis on sustainability and capacity building NOAH plans to capacitate community OVC programs (Arks) to become self-governing and to graduate into independent local CBOs. Emphasis areas for NOAH are Local Organization Capacity Building, and Human Capacity Development (Pre- and In-service training). The target populations for NOAH activities are orphans and vulnerable children.

BACKGROUND:
NOAH was established in 2000, and began receiving PEPFAR funding in 2004. With PEPFAR support, NOAH has registered over 20,000 children and provided over 10,000 children with direct comprehensive care throughout Gauteng, one community in the North West, and KwaZulu-Natal provinces. NOAH is currently active in 112 communities nationally, of which 35 are supported by PEPFAR. With FY 2008 funding, NOAH will strengthen the NOAH model through retraining committees, volunteers and resource center staff. Additional resources will be directed towards development and capacity building in order to capacitate communities to manage and sustain Arks as independent CBOs.

ACTIVITY 1: Local Organization Capacity Building
NOAH focuses on community mobilization and participation to develop community networks, or Arks, to support OVC affected by HIV and AIDS. Mobilization is initiated through an interactive process which allows communities to identify and evaluate themselves to determine whether the NOAH model will work for them. Subsequently, through the establishment and training of NOAH committees (which target all major stakeholders in the community: private sector, community, religious and local government leaders) and a group of volunteers, OVC are identified and provided with services. The committee oversees the general activities of the volunteers and is involved in fundraising and building relationships with local government offices and surrounding schools to sustain the program. The staff of the Ark is accountable to the committee and to NOAH headquarters and manages the day to day running of the Ark, including caring for the OVC. In many Arks the committee has successfully secured material and monetary donations from local businesses through public-private partnerships (PPPs), in other Arks schools have donated classrooms, resources and teacher-time. All Arks are encouraged to build relationships with the local Department of Social Development (DOSD). With FY 2008 funding, NOAH will continue to support community mobilization in all 35 existing NOAH sites.

ACTIVITY 2: Human Capacity Development
NOAH training builds volunteers, Ark staff and committee members' skills to identify and register OVC and conduct home visits to monitor their progress and link them to appropriate government social services (e.g. Department of Home Affairs for issuing of birth certificates and Department of Social Development for child support grants). The training provided for volunteers includes Bereavement Counseling as well as technical training in how to access social welfare benefits for the children. For committee members, training includes Financial Management, governance, leadership, management and sustainability training. Nutritional counseling on how to provide healthy and balanced meals in a resource scarce environment, and accredited Early Childhood Development (ECD) training from Ntataise Trust (a partner NGO, registered on the National Qualifications Framework) for Ark staff members at resource centers is also provided. NOAH will continue to provide psychosocial support to OVC through training volunteers in Play Therapy and counseling techniques, and by partnering with organizations such as GoLD (another PEPFAR partner) in at least four PEPFAR Arks, two existing and two new ones in FY 2008, to provide peer counseling training on HIV and AIDS at secondary school level (over 13 years). Food security and nutritional support of OVC and volunteers is achieved through permaculture training and the subsequent establishment and maintenance of vegetable gardens.

Quality Assurance and supportive supervision is delivered through monthly meetings with NOAH staff in each region. This allows NOAH Ark Managers and community leaders to share successes and challenges and to come up with innovative solutions to solve the problems specific to their communities. Monitoring and evaluation (M&E) systems at community level are strengthened through ongoing training and data quality is improved through immediate verification of all numbers reported. Ark staff are trained in all of the skills they need for effective and cost efficient management of the Ark. Each Ark is responsible for its own budget and financial management and for reporting and its own Information Management System. All training is geared toward capacitating the Ark to be able to run independently and includes Financial Management, Computer Literacy, Fundraising, Project Management and Governance.

ACTIVITY 3: Care and Support
Through community, school and other donor-support, NOAH establishes, staffs and supports resource centers, satellite offices and satellite feeding schemes in 35 PEPFAR Arks. NOAH resource centers, apart from being safe havens where children can interact with each other and with adults in a supportive environment, also provide daily nutritious meals, access to educational support including ECD for young children and schoolwork support for older children, computer rooms and libraries, and opportunities to assess and monitor children's general health on a daily basis. Wherever children are identified as in need of healthcare they are referred to appropriate facilities and provided with ongoing follow-up and care. Parents, volunteers, children and teachers are actively involved in the maintenance and day to day activities of the center. All Resource Centers which operate daycare or crèche facilities are manned by staff trained in Ntataise's intensive 3-week course on ECD. PEPFAR supports the day-to-day costs of the 35 centers such as staffing and materials and supplies (books, pencils, etc.). PEPFAR does not fund any construction of new Arks.

Outside of the Resource Center structures children's health and wellbeing is monitored through monthly home visits provided by Ark volunteers focusing on family-centered care. The home visit provides an opportunity for volunteers to work with parents to apply for birth certificates and social welfare grants for OVC as well as to assess the child's health, school performance and psychosocial wellbeing. All volunteers are trained in bereavement counseling and play therapy techniques to enable them to interact with the child and provide immediate psychosocial support wherever necessary. If the child is identified as being unwell they are referred to a nearby clinic.

Activity Narrative:

In the interests of gender equality, NOAH actively monitors the number of girls and boys receiving services at Resource Centers. In most Arks there are an equal number of boys and girls attending the center and receiving services. Wherever discrepancies are noted Ark staff addresses imbalances through home visits and additional follow-ups. Two of the PEPFAR Arks (one in Gauteng and one in KZN) provide programs specifically for adolescent girls and in these cases there are usually more girl children attending centers than boy children, though there is no gender discrimination in service provision. In addition, NOAH volunteers and staff identify sick children and caregivers and facilitate referrals to the nearest hospital or clinic for health assessment and where necessary HIV counseling, testing and ARV treatment. These referrals are recorded, with an average of 75 children referred to clinics each month within PEPFAR Arks. HIV Prevention is provided through a partnership with GoLD Peer Education program which will be implementing programs in at least two additional PEPFAR Arks in FY 2008. NOAH has PPP with some companies that have provided material/resource support in the form of school uniforms and/or food; others offer the time of their employees to work with an Ark, its personnel and children.

Relationships with the South African Government (SAG) have been developed at the local, provincial and national levels. NOAH partners with the Department of Social Development (DOSD) and Education (DOE), to capacitate communities to access government funds and assistance. Local government representatives are active members of Ark committees. Close relationships with local social workers are fostered and encouraged. Seven NOAH Arks of the total 112 active Noah Arks are currently funded by the Department of Social Development with further funding provisionally allocated to more Arks. NOAH has partnered with the DOE in KwaZulu-Natal to provide long term sustainable support by integrating the Ark model into schools. NOAH advocates for stipends for volunteers through the Department's Expanded Public Works Program which aims to advance rural communities both socially and economically by involving them in government-run programs. To date four PEPFAR Arks are accessing EPWP stipends for NOAH volunteers. NOAH is a founding member of the National Action Plan for Children Affected by HIV and AIDS and has been instrumental in policy development through this structure. NOAH activities contribute to supporting the PEPFAR goal of providing care and support to 10 million individuals affected by HIV and AIDS by increasing access to quality, comprehensive care to OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7591

Related Activity: 13719, 16089

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22879	3052.22879.09	U.S. Agency for International Development	Nurturing Orphans of AIDS for Humanity, South Africa	9814	504.09		$1,940,062
7591	3052.07	U.S. Agency for International Development	Nurturing Orphans of AIDS for Humanity, South Africa	4479	504.07		$2,060,000
3052	3052.06	U.S. Agency for International Development	Nurturing Orphans of AIDS for Humanity, South Africa	2684	504.06		$1,560,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$750,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	12,000	False
8.1.A Primary Direct	10,000	False
8.1.B Supplemental Direct	2,000	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	4626.08	**Mechanism:**	N/A
Prime Partner:	African Medical and Research Foundation	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6562.08

Planned Funds: $2,231,000

Activity System ID: 13373

Activity Narrative: SUMMARY:
The African Medical and Research Foundation (AMREF) will strengthen capacity of South African district government departments, Child Care Forums (CCFs), NGOs and CBOs, and service providers to provide quality and accessible care and support for OVC, through training, mentoring, awareness-raising and advocacy for children's rights. Emphasis areas for this program are training, gender (addressing male norms and behaviors and reducing violence and coercion and local organization capacity development. Target groups include OVC (0-18yrs) and their caregivers.
BACKGROUND:
AMREF is an international health and development NGO working in East and Southern Africa. In South Africa, AMREF previously worked in Mpumalanga (from 2001 to 2004) strengthening community care-giving infrastructure for OVC, including the improvement of capacity and integration of service providers and government departments. Building on this initiative, AMREF has formed partnerships with key government and civil society stakeholders in both Limpopo province (Sekhukhune district) and KwaZulu-Natal (KZN) province (Umkhanyakude district). In these two particular districts, in which 55% and 57% respectively of the population are under the age of 18, AMREF has identified the need to develop a comprehensive program to address the needs of OVC by strengthening collaboration between, and capacity of, local service providers, government and civil society groups. The districts are presidential rural nodal points recognized by the SAG as the poorest and most under-resourced districts in South Africa. The NDOH (2006) survey reported that KZN and Limpopo have high HIV prevalence rates (20.6% and 11.7%, respectively) and a high number of OVC (57% and 55% respectively). Currently, AMREF has seven local partners providing services to OVC located in sites in Sekhukhune and Umkhanyakude districts of KwaZulu-Natal and Limpopo provinces, respectively where intervention will continue with FY 2007 PEPFAR funding. Each of these partners, in turn, work with an average of three second line partners who spearhead identification of children and servicing of these children within their locality. In FY 2008, AMREF is proposing to add a new partner (Ndumo Drop-In Center) to be contracted as one of AMREF's first line partners to increase reach and improve access to services in Umkhanyakude. AMREF work is closely aligned to the aims of the Department of Social Development's (DOSD) National Action Plan for OVC as well as the National HIV and AIDS Strategic Plan (2007-2011).
ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Human Capacity Development
With FY 2008 PEPFAR funding AMREF will provide training, mentoring and on-site support to its eight established CBO partners (first line partners) and their individual networks of emerging community groups (second line partners) to strengthen care and support systems for OVC in the two districts. AMREF's first line partners are those partners who have signed contracts with AMREF and receive sub grants from AMREF and have been registered as community-based organizations (CBOs). Second line partners on the other hand are community groups that have been formed to address needs that will have been identified in their communities such as home-based care and orphans and vulnerable children. AMREF will focus on system development at community level for first line level and service delivery at second line partner level. For AMREF's first-line partners, capacity development activities will include training in financial, project, organizational and human resource management. In addition, they will be trained in supportive supervision to ensure that volunteers do the work they are supposed to do and that the quality is of a high standard. AMREF will also provide capacity building support for second line partners from where most of the children are identified and serviced. Particular attention will be on the identification, referral and support mechanisms to ensure that children who will have been identified receive a comprehensive package of services. Second line partners will receive essential training in the identification, servicing and referral system that has been developed.
ACTIVITY 2: Care and Support Services
AMREF-trained community care workers and service providers will provide a comprehensive care and support package for children requiring psychosocial, nutritional, educational and health care support. Trained service providers will identify OVC and conduct needs assessments, home-visits, and psychosocial support, provide nutritional support and counseling, and life skills training and homework supervision. In addition, AMREF and its partners will also provide assistance with SAG social security grant applications, succession planning and birth registration as well as on-going monitoring and follow-up for other essential services including access to primary health care protection services, and information on HIV prevention and interventions to reduce gender-based violence (GBV). AMREF will also continue to ensure that OVC under five years access health care through integrated management of childhood infections (IMCI) and the expanded immunization program (EIP) supported by UNICEF. This service package is provided directly to OVC by the Children's Drop in Centers, CCFs, CBOs and NGOs including home-based care organizations. Health practitioner capacity has often been cited as presenting a barrier for children and adolescents to access health services. AMREF will strengthen the skills base of health care professionals in the delivery of child friendly health services. AMREF also will work with the local clinics and health service providers to promote provision of reproductive health service, counseling and testing, management of sexual violence as well as information and counseling on development including nutrition, hygiene, and substance abuse. This will be a major focus aimed at reducing death and disease, deliver on the rights of the children and adolescents to health care
ACTIVITY 3: Strengthening district and civil society capacity and coordination
To ensure sustainability of support for OVC, AMREF will provide training in program design, planning and implementation, monitoring and evaluation as well as technical support for government at district and municipality levels (including District AIDS Council). AMREF will facilitate improved collaboration between departments and integration of services by organizing and facilitating regular inter-agency/ departmental meetings and forums. AMREF will provide organizational strengthening training and systems development, support and follow-up for CBOs/NGOs engaged in OVC service delivery, including financial and program management skills, leadership and resource mobilization training. AMREF will train selected NGO workers and community care workers in psychosocial support and counseling for OVC. To cope with the number of children in need of care, the establishment of community care structures is essential. AMREF will build on the childcare forums that will have been established and strengthen these structures. CCFs will be key in the identification and support of orphans through community-based care and support program. CCFs will continue to be established in every ward and strengthened.
ACTIVITY 4: Community-level Advocacy
In FY 2008 AMREF will conduct consultations with civil society and government stakeholders to determine community level advocacy issues. In response, AMREF will train youth, caregivers, service providers on advocacy skills and planning and assist to develop strategies to advocate for changes to SAG policy and practice concerning OVC, identify and work to eliminate bottlenecks in service provision and mobilize resources. AMREF will facilitate and support advocacy meetings with traditional leaders, local and district

Activity Narrative: government. AMREF will also continue to support CCFs in their advocacy role at community level on behalf of OVC. Specifically, AMREF will provide CCF members with training to support advocacy against GBV, especially against female OVC. Some of the major challenges that orphans face include lack of access to adequate treatment and care services, loss of property and lack of protection from abuse and exploitation. AMREF will partner with organizations such as Legal AID, mobile clinical service providers as well as other civil society and community-based organizations to ensure that there is synergy in the implementation of program and that children get a comprehensive package of services.
ACTIVITY 5: Gender Mainstreaming
This component will build on the peer education initiative pilot that was started in 2007. Male OVC are a key group of focus under this initiative. The gender-mainstreaming component seeks to increase the participation of male OVC in the provision of care to other children as well as address the gender stereotypes that tend to predispose female OVC to abuse. Male OVC will be educated on the norms and behaviors that promote equality of the sexes. AMREF will use PEPFAR funds to continue training and supporting community care workers, partners and other stakeholders (e.g. traditional leaders, teachers, health workers, social workers) to mainstream gender into the delivery of a comprehensive service package for OVC. AMREF will work with OVC service providers and stakeholders to develop and implement gender-based violence awareness campaigns with specific focus on vulnerable populations such as female OVC and the disabled. In addition, AMREF will work to sensitize parents and teachers to mainstream gender issues in life skills training. Gender mainstreaming will include training on gender roles, genderbased violence recognition and prevention, male/female norms and behaviors in OVC identification, referral, care and support. AMREF willcontribute to PEPFAR's 2-7-10 goals ensuring qualitycare and supportservices forOVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7915

Related Activity: 13372, 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22574	6562.22574.09	U.S. Agency for International Development	African Medical and Research Foundation	9728	4626.09	AMREF	$1,941,809
7915	6562.07	U.S. Agency for International Development	African Medical and Research Foundation	4626	4626.07		$1,750,000
6562	6562.06	U.S. Agency for International Development	African Medical and Research Foundation	4104	4104.06	AMREF	$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13372	12360.08	6454	4626.08		African Medical and Research Foundation	$194,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars $2,231,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	17,800	False
8.1.A Primary Direct	15,400	False
8.1.B Supplemental Direct	2,400	False
8.2 Number of providers/caregivers trained in caring for OVC	800	False

Indirect Targets

All AMREF target s will be direct.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 167.08
Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6559.08
Planned Funds: $1,073,000
Activity System ID: 13378

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project will establish the structures and processes that will facilitate service delivery and support to orphans and vulnerable children (OVC) in Lukhanji and Emalahleni Local Service Areas in the Eastern Cape. Interventions are in support of the Department of Social Development's (DOSD) aims in the National Plan of Action. Child Forums, Kids Clubs, counseling, health care, social services coordination and livelihood will be linked together and to other Injongo Yethu Project activities to create an integral support system. Major emphasis is on community mobilization, with additional emphasis on human resource, training and local organizational capacity development. Target populations include OVC and their caregivers.

BACKGROUND:

Started in FY 2007, the Project's OVC program and will continue build on existing community caregiver services, the Service Corps Volunteers and Africare's programs with youth and faith-based organizations. FY 2007 saw the establishment of more than 10 Child Protection Units, identification of households and OVC in critical need, and initiation of direct service delivery. Originally designated as "Child Care Forums", the local Department of Social Development (DOSD) team and the community decided to combine OVC functions into the Child Protection Committees, also mandated to be established in each community and with very similar functions.

ACTIVITIES AND EXPECTED RESULTS:

Africare's activities will continue in FY 2008, emphasizing the development of sound public sector and community responses to OVC needs. Public sector departments involved are the Department of Social Development (DOSD), Department of Health (DOH) and Department of Education (DOE). FY 2008 will include efforts to engage the Department of Labor (DOL), Department of Agriculture (DOA).

ACTIVITY 1: Strengthen Communities to Meet the Needs of OVC Affected by HIV and AIDS

In addition to the nine Service Corps Volunteers (SCVs) that will be recruited to support OVC community-based activities in FY 2007, six more will be engaged in FY 2008. To support the identification and tracking of support to OVC, Africare will support the Eastern Cape DOSD in designing and developing an OVC services tracking system and other tools for identifying vulnerable households, their needs, and tracking services delivered. SCVs, health sector community care-givers and the newly established Child Protection Committees (CPCs) members will be trained to identify OVC and vulnerable households, and ongoing household needs assessments will be initiated and made routine. CPCs will continue to be developed for 15 wards (or clusters of wards) to provide a mechanism for coordinating resources to meet the children's needs. CPCs will also function as the accountability body for local OVC identification, monitoring and services coordination. Small grants will be provided to the CPCs to enable them to meet and coordinate activities for OVC. A memorandum of understanding will be signed with each CPC, each will be assessed for its development and resource needs; each forum will meet at least quarterly. Africare support will be provided through a Service Corps Volunteer to establish patterns of OVC needs identification, work planning, and the development of an OVC community service plan. Kids' Clubs will be established with Africare support, designed in conjunction with the DOSD and their district committee for HIV and OVC ("DACCA"). Workshops will continue to be held to jointly establish roles, functions, and the service complement of CPCs and Kids' Clubs. CPCs, Kids Clubs, and community caregivers will link OVC and child heads of households to social services for necessary support in addition to providing direct support where they are capable.

ACTIVITY 2: Community-based Responses in Support of OVC and Their Households

Africare will provide grants and technical assistance to selected community-based organization (CBO) members of CPCs. Two CBOs have been engaged and provided with initial grants. Orientation on financial management and monitoring and evaluation will be provided to the currently engaged CBOs and as well as those engaged in FY 2008 to cover the remaining CPCs. Grants will focus on enabling CBOs to provide care and support to OVC in their communities. Training of CBO caregivers will enable them to monitor, directly provide, and refer to specific services. Both service CBOs and public sector health volunteers will be provided with tools and training to monitor health status and to promote child utilization of well-child health services and to be cared for when sick. OVC households will be linked to ongoing and expanding food garden projects, soup kitchens and locally available food parcels distributed by the DOSD, churches and CBOs. A local legal aid service will be engaged to train child forums and volunteers in basic legal aid support for OVC and families, such as wills, succession planning, identity documents, deferment of school fees, etc. The project will facilitate the development of a referral system between the community, DOSD and legal aid for common legal needs. The South African Depression and Anxiety Group (SADAG) will continue to provide specific support in developing community-oriented psychosocial support training. They will initiate caregiver support groups, train the support group leaders. The SADAG 'talking book' for OVC will be used by community and household caregivers for facilitating discussion and engaging children and youth. They will also establish a toll-free call line for support.

ACTIVITY 3: Direct Assistance to OVC

Africare will facilitate establishing effective referral patterns and access to social services and various benefits. SCVs will be trained to assist CPCs and train child-headed households on home management, services and entitlements. To foster school compliance with the provincial no-fee policy in disadvantaged areas, minor repairs and rehabilitation or other school-wide benefits will be undertaken in exchange for waiving fees for OVC. Enrollment by OVC in school and routine attendance will be monitored. Africare will capacitate the community volunteers and child care forums to ensure that OVC in need of shelter get referred. Monthly monitoring of access and utilization of a standardized package of services will continue in FY 2008. Children and youth attending Kids' Clubs will be trained in Life Skills. Kids' Clubs leaders will be trained in HIV prevention, AIDS care and support of OVC. Africare will provide small grants to Kids' Clubs to organize recreational activities. Africare will seek leveraged matching funds. Peer Educators (40) and Peer Counselors (40) will be trained to support children and youth attending Kids' Clubs and in the community. Children heading households and older OVC will be targeted for training in vocational and livelihood skills

Activity Narrative: through vocational training centers and training organizations. Local organizations will be trained to support the development of income generating activities (IGA), and OVC and caregivers will be assisted in securing funding for IGA activities.

ACTIVITY 4: Access to Health Care

Home-based caregivers based at clinics will ensure that OVC under 2-year olds encountered in the homes of their HIV clients are weighed, immunized, and those that are HIV-exposed are screened for infections, receive their follow-up HIV test, and access care and treatment, when required. OVC caregivers (OVCGs) deployed by the CBOs under each CPC will monitor clinic utilization for growth monitoring and immunizations and will support the clinics in direct weight monitoring for high-risk children. Older children encountered in the home will also be linked to clinic care and treatment services as needed. Schools and Kid's Clubs will be alert to children and youth, who need referrals for healthcare and HIV treatment, linking them through the structures above to ensure that clinic or hospital level care is provided.

New FY 2008 activities will include:

CPC members will continue to be trained in FY 2008 to provide community-based support and advocacy, e.g. prevention of exploitation and abuse, prevention of "land-grabbing", and identification of children and households in distress. CPC development will continue to be nurtured to provide a sustainable response to the need for OVC identification and service coordination.

District and LSA-level committees established by the DOSD for children ("DACCA and LACCA) will be supported to continue to map local services

Household-centered care will be strengthened through assessment and capacity building of the CBOs engaged to monitor OVC in the community. Capacity building will be in the form of topical one-day workshops on specific OVC issues, monitoring and evaluation, and on-site support. In addition to the two CBOs engaged (for 4 wards) to date, additional CBOs will be engaged to cater for the remaining 11 CPC catchment areas.

Kids clubs will be established in schools and communities to incorporate specific life skills such as life goal planning, personal empowerment, caring for others, public speaking, writing skills, etc, as well as homework support. Kids' clubs will also provide a venue for play, additional meals for young children, and access to referral for professional social workers and others. Youth leadership and child participation will be nurtured and developed through Kid's Clubs and engagement of the Youth Council in Queenstown to bring the voice of youth into the design of services and to engage youth in caring for others.

Extending into Emalahleni Local Service Area (or other LSA assigned for clinical care, in order to ensure a continuum of care)

Africare's activities focused on orphans and vulnerable children contribute to the PEPFAR goal of 10 million people in care, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7282

Related Activity: 13374, 13375, 13376, 13377, 13379, 13380

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22579	6559.22579.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7282	6559.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$750,000
6559	6559.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13375	7920.08	6455	167.08		Africare	$145,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13377	3752.08	6455	167.08		Africare	$485,000
13379	2910.08	6455	167.08		Africare	$388,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Gender

* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	6,000	False
8.1.B Supplemental Direct	2,000	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

Since the OVC Guidance has changed the definition of indirect. No OVC will be reached indirectly in FY 2008.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Eastern Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	6151.08	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	12512.08	**Planned Funds:**	$485,000
Activity System ID:	13363		

Activity Narrative: SUMMARY:

As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance and grants administration for indigenous organizations that implement PEPFAR programs. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs that were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The main functions of the UGM program are: 1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is Local Organization Capacity Development and the primary target population is indigenous organizations.

BACKGROUND:

AED has extensive experience managing grants programs on behalf of USAID with PEPFAR funds. Prior to award of the UGM under the South Africa APS, AED was already managing grant programs funded with PEFPAR dollars in Ghana and Honduras, and providing TA and capacity building to PEPFAR partners on palliative care and OVC work in Mozambique and Kenya. In addition, AED has been sourced as USAID's exclusive partner for capacity building to the 23 NGOs funded under the PEPFAR Round One New Partners Initiative. As such, AED is well experienced in providing TA and capacity building on the broad array of technical areas related to PEPFAR programs, monitoring and evaluation, organizational development and finance management. In addition, AED has also been a key PEPFAR implementing partner in South Africa and is thoroughly familiar with working on HIV/AIDS programs within that context. As a UGM partner, AED will not directly implement program activities, but rather act as a grants administrator, technical assistance provider, and mentor for sub-recipients, who in turn carry out the assistance programs. AED collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, AED's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments. Under AED, between 6 and 11 indigenous partners will be supported via sup-grants and technical assistance. Partners are active in many provinces across South Africa and provide support for OVC by identifying and training caregivers, establishing community care centers, and providing psychosocial support. Grants to OVC partners support a range of locally-driven best practices for orphan care using a variety of models of service delivery and working in collaboration with the South African Government's Department of Social Development. During their partnership with PEPFAR, OVC partners will increase their reach while also building their own capacity towards long-term sustainability. This scale-up will require adequate financial, monitoring and evaluation, and management systems to accommodate growth and maximize sustainability.

ACTIVITIES AND EXPECTED RESULTS:

Funds budgeted under this narrative will support costs for administering and managing these OVC partners. Separate COP entries describe the OVC activities implemented by each partner. Institutional capacity building of indigenous organizations is a key feature of umbrella grant mechanism and is designed to promote sustainability of care programs and organizations.

ACTIVITY 1: Grants Management

AED will award and administer grants to partners selected through the PEPFAR APS competitive process to implement OVC activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, financial oversight, ensuring compliance with USG regulations, and grant closeout. AED will monitor OVC partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building

AED will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support.) AED will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing OVC activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

AED will provide support to OVC partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of OVC partners includes: measurement of program progress; provision of feedback for accountability and quality; surveillance; and implementation of information management systems. In addition, AED will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation. The management of service delivery programs under this project will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12512

Related Activity: 13362, 13364, 13365, 13808, 13809, 13984, 13383, 13799

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22564	12512.22564.09	U.S. Agency for International Development	Academy for Educational Development	9725	6151.09	UGM	$567,979
12512	12512.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
13799	12479.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$1,250,000
13383	8182.08	6458	4745.08		Anglican Church of the Province of Southern Africa	$1,200,000
13984	8245.08	6676	4749.08		Ingwavuma Orphan Care	$600,000
13808	8256.08	6618	4758.08		Sekuhukune	$250,000
13809	8259.08	6619	4759.08		Senzakwenzeke	$250,000
13364	12408.08	6451	6151.08		Academy for Educational Development	$436,500
13365	12332.08	6451	6151.08		Academy for Educational Development	$2,808,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

As an Umbrella Grants Manager focused on administering, supporting and mentoring indigenous NGOs; AED will not be working on direct or indirect targets related to OVC Care and Support, but rather will be addressing capacity building of organizations offering Care and Support for OVC.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 512.08
Mechanism: N/A
Prime Partner: Child Welfare South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3060.08
Planned Funds: $1,840,000
Activity System ID: 13726

Activity Narrative: SUMMARY:

The Child Welfare South Africa (CWSA) Asibavikele (Let's Protect Them) program facilitates the recruitment and training of community volunteers who work in teams to identify and meet the needs of Orphans and Vulnerable Children (OVC) and AIDS affected households and to uphold children's rights. The program emphasis is human capacity development. Primary target populations are OVC and people living with HIV and AIDS.

BACKGROUND:

CWSA is the umbrella, development, capacity building and coordinating body for 170 member organizations and 49 developing child welfare organizations. It is a not-for-profit organization that works closely with the South African Government (SAG) Department of Social Development (DOSD) in advocating for the rights of children and addressing children needs. In dealing with the HIV and AIDS pandemic, CWSA with PEPFAR assistance, has developed a national program, Asibavikele, implemented by Child Welfare member organizations. The Asibavikele program now in its forth year, was initially implemented in 21 pilot sites in 2005 trained more than 600 community volunteers and reached over 7000 children within its first year. By FY 2008 the program will be implemented in a total of 40 sites. Asibavikele is a nationally coordinated program facilitating community-based care and support for OVC in disadvantaged communities. The program involves communities in the identification and care of OVC, sensitizes communities to the rights of children and establishes foster care and safe homes. CWSA has succeeded in leveraging support for these safe homes through a public-private partnership with Thokomala Orphan Care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Consultation and Mobilization of Child Welfare Affiliate members

CWSA personnel together with member organizations will identify communities where there are high numbers of OVC as a result of HIV and AIDS. Project staff will consult with local leaders and other key role players to ensure buy-in and support for the program. Baseline studies and community profiles will be conducted to gain a deeper understanding of the community, its needs and resources. This activity lays the foundation for strong working relationships, fosters community participation and sets in motion M&E processes.

ACTIVITY 2: Human Capacity Development

i) Employing Additional Staff
Building human resource capacity at national, provincial and site level has been identified as a priority. CWSA will therefore ensure the employment of additional staff at national level for program and financial management, M&E, and administrative support. Provincial program coordinators, bookkeepers, administrative and M & E support will be employed in each province to ensure decentralization of activities. The employment of Asibavikele dedicated social workers at site level will ensure that children needs are met and targets achieved.

ii) Training Activities and Training Strategy
The focus in FY 2008 will be to sustain the existing 40 sites. CWSA will train all employees on the Asibavikele program, not only those directly implementing the program at site level. This will ensure that trained staff is always available to implement the program even during times of staff turnover. Training of Project Teams will be conducted at provincial. This will allow for training in smaller teams, providing more time to workshop issues specific to each of the provinces. All staff will attend a training workshop to equip them with knowledge and skills to implement the program as well as to train and support community volunteers. These trainers will constitute the Project Teams at site level, and will recruit screen and train community volunteers. Screening of volunteers is key to motivation, skills and ability of prospective volunteers to achieve the goals of Asibavikele. Structured training sessions in accordance with the volunteer training manual will be conducted at each site, preparing volunteers to provide services to OVC.

iii) Mentoring and Support
Set procedures and policies to guide project teams and community volunteers in implementing the Asibavikele program have been developed and will continue to be used together with a structured M&E plan. Provincial coordinators, bookkeepers and administrative staff will provide ongoing training, mentoring and support to project teams collectively and individually through monthly meetings and regular site visits. Program reviews and exchange visits will be conducted within provinces and nationally to share best practices. On-going support will focus on strengthening project teams, developing work plans and administrative procedures to ensure efficient rollout and implementation. Member organizations will be assessed in each province to identify roll-out sites in FY 2009. This strategy will contribute toward ensuring sustainability of the program at all levels in the long term. The National Steering Committee will meet quarterly to oversee the full implementation of the program and to focus on the CWSA national goals and targets. These mechanisms ensure that the program is implemented in a standardized manner and quality controls are in place.

ACTIVITY 3: Outreach Services

Volunteers will conduct door-to-door visits, introducing the program, identifying OVC and providing prevention messages to the community. Together with social workers, volunteers will draw up care plans for each OVC and their family within the context of their families thus promoting family centered care. Volunteers will provide a range of assistance including: applications for birth certificates, other legal documents, SAG child support grants, school fee exemptions; provision of targeted short term emergency food, shelter and clothing; emotional support to children and their caregivers; referrals to relevant medical services, primary health care clinics, pediatric ART programs and linking OVC with social workers when foster care is needed. In addition, partnerships with other organizations to strengthen psychosocial service delivery and memory work will be sustained. Focus will also be placed on aiding communities in developing food gardens to enhance food security. Volunteers will provide a comprehensive care package addressing the physical, educational and emotional needs of OVC. Social workers will primarily focus on protection of OVC through statutory child placements and supervision of care.

Activity Narrative:

ACTIVITY 4: Community Campaigns

Volunteers will develop and present bi-monthly HIV and AIDS prevention and awareness campaigns for their communities as a means to provide information and make them aware of the Asibavikele program, children rights, and gender issues. These campaigns will be aimed at OVC and their families. CWSA will ensure that through such campaigns affected households are aware of pertinent issues affecting OVC, including the rights of the girl child as well as changes to South African legislation regarding children and OVC. The knowledge and information provided through these targeted awareness- raising activities will empower households affected by the epidemic to make informed life choices and to plan for the future.
ACTIVITY 5: Volunteer support and sustainability

Volunteers are central to the program and aid social workers in reaching OVC. Emphasis will be placed on sustaining volunteers with the support and guidance provided by social workers. Bi-weekly volunteer group supervision as well as monthly volunteer training sessions will be held to aid volunteers in their interventions with children and to enhance their skills. Social workers will also be available for individual consultations with volunteers as a means to mentor and support them. These mechanisms are aimed at ensuring a quality service to OVC as well as to prevent burnout and loss of volunteers. From focus group discussions with volunteers and evaluations, CWSA has established that this support plays an important role in sustaining the volunteer commitment to the program. This activity will require the employment of professional social workers or social auxiliary workers at each site dedicated to the Asibavikele program. Additional support for volunteers in the form of specialized training to enhance volunteer skills and knowledge will be used to further sustain these valued caregivers. A dedicated caring for caregiver's component will be added to the program to enhance volunteer debriefing and prevent burnout. Volunteer support "clubs" will be encouraged so to provide assistance to each other in times of personal need, e.g. burial funds.

ACTIVITY 6: Referrals and Linkages

The Asibavikele program is a community-based response to OVC and requires strong networks within the community to ensure the needs of children are met. The CWSA program is consistent with the Department of Social Development's strategic framework on OVC. CWSA has developed a strong relationship with the Department of Social Development, which provides funding as well as support services to CWSA organizations on the ground. Further, at the onset of the program community profiles are developed highlighting role players within the community who will aid CWSA in providing a comprehensive service to children and their families. These will include hospice care, pediatric treatment programs, psychological counseling and material aid. Volunteers track referrals and make follow-ups to establish whether OVC received services. These activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7543

Related Activity: 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22651	3060.22651.09	U.S. Agency for International Development	Child Welfare South Africa	9748	512.09		$1,697,141
7543	3060.07	U.S. Agency for International Development	Child Welfare South Africa	4459	512.07		$1,800,000
3060	3060.06	U.S. Agency for International Development	Child Welfare South Africa	2689	512.06		$860,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	$7,000
Estimation of other dollars leveraged in FY 2008 for food	$32,353

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	17,000	False
8.1.A Primary Direct	13,000	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,300	False

Indirect Targets

Due to a change in the OVC indicator Guidance no OVC will be reached indirectly.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	478.08	**Mechanism:**	N/A
Prime Partner:	Hospice and Palliative Care Assn. Of South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	12479.08	**Planned Funds:**	$1,250,000
Activity System ID:	13799		

Activity Narrative: SUMMARY:

The Hospice Palliative Care Association of South Africa (HPCA), founded in 1988, currently has 75 member hospices throughout South Africa (SA), each an independent legal entity. The HPCA Mission is to provide and enhance the provision of sustainable, accessible, quality palliative care. The target population is orphans and vulnerable children (OVC). The emphasis areas are human capacity development (training) and local organizational capacity building. PEPFAR funding used to strengthen the capacity of HPCA member hospices to provide pediatric palliative care to vulnerable children through identifying hospices that provide care for OVC. The Bana Pele project, in partnership with St Nicholas Children's Hospice (St Nicolas) in Bloemfontein, a sub-partner will improve the quality of life of OVC in the Motheo and Xhariep Districts of the Free State, and increase identification of HIV positive children and improve access to antiretroviral therapy for them.

BACKGROUND:

HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, and government and non-government organizations. FY 2006 PEPFAR funding has allowed the Palliative Care training of 7,108 trainees from October 2006 to July 2007. These trainees include Doctors, Social Workers, Trainers, Professional Nurses, Enrolled Nurses, Home-based Caregivers and Managers. The major focus of PEPFAR funding in FY 2008 is to provide direct palliative care to patients and their families, to assess quality of palliative care, assist in the development of new services, provide support to the care providers, and provide training in palliative care. In FY 2008 an OVC funding component has been added to the HPCA program, to ensure that children infected and affected by HIV and any other life-limiting conditions will be identified, supported, receive pediatric palliative care and antiretroviral therapy and, where necessary, referred for further support.

ACTIVITY 1: Bana Pele Project

In FY 2008 HPCA will be managing the Bana Pele Partnership grant. HPCA will provide mentorship to St Nicholas to build capacity within that hospice. Capacity Building for the Bana Pele project will also include the appointment of new staff in the Free State to coordinate the project and expand services to new regions and into more rural areas. Capacity building in the communities will take place to identify and care for HIV infected and affected children through education and training from the wellness centers. The wellness centers are health drop-in facilities to promote and monitor health. Holistic services are provided, including weighing of babies, nutritional advice, and immunization. Education in the homes and in community groups will also be provided in order that communities can develop the capacity to provide care for these vulnerable children and use community resources including local primary health care clinics. PEPFAR funding for the Bana Pele Project, will be used to improve the quality of life of OVC in the Motheo and Xhariep Districts of the Free State, increase identification of HIV positive children and improve access to antiretroviral therapy through a strengthened referral system and the establishment of a cooperative network consisting of relevant government departments, the antiretroviral program, faith-based organizations and other non-profit organizations. OVC will receive direct support and family members will receive psychosocial, emotional and spiritual care into the bereavement period.

Training for the Bana Pele Project: A Pediatric Palliative Care Training and Resource Center will be established in collaboration with all project partners and the Department of Pediatrics of the University of the Free State. The objective is to promote palliative care for children and provide a resource for the Free State Province for expert advice and support. Materials on palliative care for children will be developed and used for training. Community capacity will be improved through training and services from eight community Wellness Centers in impoverished areas linked to the development of a Pediatric Palliative Care Training and Resource Center, together with the Department of Pediatrics and Family Medicine. Prevention education will be provided with the faith-based organizations to reach young people and training in palliative care for children will be given to individuals. This activity will be supported by an array of monitoring and evaluation activities to assist in monitoring the progress and measuring the results.

ACTIVITY 2: Capacity Building

HPCA will provide capacity building expertise to the member hospices selected to participate in the OVC program. The selection of participating hospices is based on the following criteria: 1.Those hospices which currently have an established children's program included in the palliative care services they offer were considered.2.The numbers of OVC patients reported in their statistics.3.A representative spread of the difference models of OVC service provision e.g. day care, home-based care and in patient units.4.The community need in the region and availability of OVC services within each region. PEPFAR support will be provided to these hospice sites to enable them to equip the hospice for this role. This funding will also be used for the salary of an OVC coordinator at each OVC site, plus partial funded posts. In FY 2007 20 hospices were supported by this project and in FY 2008 this will increase to 29.

ACTIVITY 3: OVC Care Services

The pediatric care services will be provided as follows: identification of OVC, accessing grants, assistance with foster care placements, assisting with access to education, HIV prevention information, education and counseling, health care including pain and symptom management, Anti Retroviral Therapy (ARV) and TB Medication supervision, day care, support to Child and Youth-Headed Households, bereavement support, resilience and memory training, spiritual, emotional and psychosocial care, and support for elderly caregivers, home-based care, in-patient care and early childhood development programs. HPCA will provide the following OVC services: psychosocial, emotional and spiritual support will be provided to family members with identification of very vulnerable households such as those headed by children and young people, or the elderly. This activity will be supported by appropriate Monitoring, Evaluation and Reporting (M&E) activities and tools to measure progress. Other support activities are improving access to ARVs, monitoring and adherence of ARVs, nutritional interventions and facilitating access to social grants. Funds will be used for direct funding for nurses, social workers, and social auxiliary workers and for transport and admin costs of these human resources. Focus will be on the girl-child and the role of the female caregiver,

Activity Narrative: including the role of the grandmothers in support of OVC. This program will be for five specific pediatric services and seven integrated pediatric services, with at least one per province. This program will also focus on strengthening of existing comprehensive and or extensive pediatric programs through direct funding. Linkages to other services such as TB treatment, ARV treatment and support will be integrated into the OVC services.

ACTIVITY 4: Advocacy and Liaison

HPCA will liaise with corporate social investment programs and Government to strengthen and increase funding for the care and protection of OVC. Where OVC support services are required which are outside the scope of hospice expertise, e.g. child protection and nutrition, HPCA will identify suitable partners with the technical expertise and resources to provide these services and to strengthen HPCA OVC programs. The Bana Pele project will promote palliative care for children and raise public awareness. Links through existing Child Care Forums will be strengthened through liaison with the Department of Social Development.

ACTIVITY 5: OVC and Pediatric Palliative Care Training

The Pediatric Palliative Care training will be strengthened to include the South Africa PEPFAR OVC indicators, gender issues etc. Existing Pediatric Training curricula will be revised and expanded. Pediatric palliative care training courses will include the following: Definitions of pediatric palliative care, Conditions requiring pediatric palliative care, Models of pediatric palliative care, The Rights of the Child, Palliative care within the context of childhood development, Pain management in children, Symptom management, Nutrition, young person's understanding of death, Communication with children, Emotions of the child and family members, Spiritual care and support of the child, young person and family, Bereavement support including resilience and memory approaches, Social and legal issues relating to children and young people. Ethical issues Core competencies and practical experience, and the mapping of family members (similar to a family tree), to determine the support structure which each child has in their home environment.

Through these activities, HPCA supports the vision outlined in USG's South African Five Year Strategy to expand access to quality OVC services thereby contributing to the 2-7-10 goal of providing care to 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12479

Related Activity: 13798, 13800, 13801, 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23157	12479.23157.09	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	9926	478.09		$1,334,994
12479	12479.07	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	4487	478.07		$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13800	13800.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$97,000
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$6,000,000

Public Private Partnership

Estimated local PPP contribution in dollars	$6,000,000

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	12,600	False
8.1.A Primary Direct	9,600	False
8.1.B Supplemental Direct	3,000	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Indirect Targets

There are no indirect targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4757.08
Mechanism: N/A
Prime Partner: Project Support Association of Southern Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8251.08
Planned Funds: $350,000
Activity System ID: 13786

Activity Narrative: SUMMARY:

Project Support Association - Southern Africa (PSASA) is a community-based HIV and AIDS prevention and care organization based in Mpumalanga. With FY 2008 PEPFAR funding, PSASA will increase the scope of services provided by integrating orphans and vulnerable Children (OVC) care, adult palliative care and community-based HIV counseling and testing. PSASA will also improve the quality of these programs. The major emphasis areas are training and local organization capacity development. Target groups are OVC, people living with HIV (PLHIV), and their families. With FY 2008 funding PSASA will expand the number of OVC programs. These new PSASA OVC projects will target poorer rural communities of Mpumalanga, Limpopo and KwaZulu-Natal provinces where health services are limited.

BACKGROUND:

PSASA is a non-profit organization, which was established in 1998 in HIV prevention, care and support, and mitigation. Its mission is to create community partnerships that enhance their ability to prevent, mitigate and alleviate the impact of HIV and AIDS of which home-based care (HBC) programs are an integral component. Care in the home at community level is a strategy within the South African Government Strategic Plan. PSASA has established and continues to support over 60 home care programs. Many of these were established in partnership with the Mpumalanga Department of Health from 1998 onwards. In 2004, 127,614 clients received direct support from a PSASA project and over 32,000 household members received training from a community caregiver. Currently, PSASA works with OVC programs in three municipalities of Mpumalanga province; Thaba Cheuw, Emalahlene, and Steve Tswete. These projects will be expanded and integrated into their home-based care programs with FY 2008 funding. PSASA will continue to work closely with Departments of Health, Welfare and Population Development. In recent years closer relationships have been formed with the provincial Department of Home Affairs, Agriculture Development, Provincial Premier's Office (Gender), Department of Education and Department of Labor (specifically for income generation activities). The Mpumalanga provincial Department of Health & Social Services (DOH&SS) provided R800, 000 to conduct training in HIV and AIDS in 2005-2007. The DOH&SS also provides PSASA with HIV test kits and home-based care kits, as well as assistance with establishing referral networks for family planning, antiretroviral (ARV) and tuberculosis (TB) programs. Social grants, food packages and child assessments are undertaken closely with Department of Social Development (DOSD) with funding from the Dutch. Each of the PSASA projects are encouraged to work closely with local AIDS Councils, churches, government departments and municipalities, schools and businesses that are able to provide "in kind" support. PSAS worked with its partners to provide social grants, food packages, child assessments and psychosocial training to OVC, teachers and foster parents in 2007 to strengthen the resilience of OVC. These activities will continue in FY 2008.

ACTIVITIES AND EXPECTED RESULTS:

PSASA will conduct two key activities for OVC: 1) Train child care workers, teachers and foster parents and OVC on psychosocial support; and 2) Ensure that OVC services are fully integrated into the home-based care programs.

ACTIVITY 1: Training on psychosocial support

In FY 2008, PEPFAR funding will be used to train child care workers (CCWs), teachers, foster parents on OVC psychosocial support. These CCWs will be recruited from and work within PSASA's HBC programs. Training will include: how to identify and assess OVC, how to plan for various needs of OVC and how to provide psychosocial support. Additional training will be provided on communication skills, referral and follow-up. HBC workers will receive training on how to identify OVC and will refer to the CCWs for follow-up. A social worker will assist in building the capacity of the CCW through training and mentoring.

ACTIVITY 2: Integration of OVC Programs into Existing HBC Programs

PSASA will fully integrating OVC programs into existing HBC programs. Once trained, the CCWs will be working with the 77 existing PSASA HBC programs. Referral to CCWs for the identification of OVC will come through the HBC workers. CCWs will provide or ensure that spiritual support is provided. CCWs will provide psychosocial support, referral for medical issues as observed and nutritional and material assistance including birth certificates, social grants or educational assistance. Emphasis will be placed on keeping school-aged children within the educational system. This may include, after-school homework supervision, provision of school uniforms or assistance with school fee waivers. PSASA will work closely with DOSD and with the drop in centers to assist with homework support and nutritional support and feeding OVC. PSASA, through funding from the Dutch, will provide targeted nutritional support and supplemental food provisions to selected OVC and their families. PSASA will ensure that where appropriate guardian consents can be obtained, OVC will be referred for HIV counseling and testing. The ability of OVC to access existing grants from the South African Government is vital to the survival of each individual OVC. With the support of the PSASA home caregiver, OVC will be able to draw on local, community and other more sustainable funding sources. PSASA is well known to the provincial Department of Health & Social Services. The DHSS has requested PSASA to support some of the home care projects in the province and it is likely that Government will provide some cost sharing. The OVC projects link closely with community and church groups who regularly supply "in kind" support (usually 10% of project budget). Certain components of the home care program have become fully sustainable. Income generation activities for care workers such as food gardens have become sustainable with care workers receiving R1000 per annum through the selling of vegetables and fruit. These activities are extended to OVC especially those in child or orphan-headed households.

By providing care and support to OVC and their families, PSASA's activities contribute substantially to the PEPFAR goal of providing care services to 10 million people, including OVC. The activities also support the USG Five-Year Strategy for South Africa by collaborating closely with SAG to improve access to and quality of basic care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8251

Related Activity: 13785, 13787, 13719, 16089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23042	8251.23042.09	U.S. Agency for International Development	Project Support Association of Southern Africa	9882	4757.09		$339,817
8251	8251.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13785	8250.08	6610	4757.08		Project Support Association of Southern Africa	$300,000
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
13787	8254.08	6610	4757.08		Project Support Association of Southern Africa	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	2,995	False
8.1.A Primary Direct	2,695	False
8.1.B Supplemental Direct	300	False
8.2 Number of providers/caregivers trained in caring for OVC	77	False

Indirect Targets

PSASA will report all targets under direct.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	335.08	**Mechanism:**	N/A
Prime Partner:	Salvation Army	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	2994.08	**Planned Funds:**	$1,350,000

Activity System ID: 13805

Activity Narrative: SUMMARY:

The Salvation Army will provide OVC with a comprehensive range of services through the establishment of OVC Support Centers, which will offer psychosocial support, access to government grants for eligible OVC, school fee exemption, and referrals to other service providers such as social workers. Through leveraging community resources, trained community members will also facilitate access to feeding schemes and educational support (including assistance with uniforms and school materials). The major and minor emphasis area for this activity is training and building the capacity of the volunteer caregivers to respond more effectively to the needs of the OVC, community mobilization/participation and the development of networks, linkages and referral systems. Key target populations are OVC, families affected by HIV and AIDS, caregivers and volunteers.

BACKGROUND:

The Salvation Army is an international Christian denomination with specific community programs to address all aspects of HIV and AIDS through community-based care and prevention programming including home-based care, psychosocial support for OVC, individualized pre- and post-test counseling, clinical care for opportunistic infections, community counseling, and youth mobilization. Salvation Army developed Matsoho A Thuso, a care and prevention model in November 2004 with PEPFAR funding. This model includes care and support activities for OVC in accordance with South African Government (SAG) OVC policy. Salvation Army works to capacitate communities to care for OVC through training volunteers, offering outreach services and mobilizing community resources. The project currently operates in 70 sites in eight of South Africa's nine provinces, many of which are in rural and underserved areas. In FY 2007 Salvation Army will intensify and enhance OVC care and support activities through training new caregivers as well as retraining existing caregivers on a range of care and support services for OVC and their families.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

To respond to the needs of OVC, The Salvation Army has developed a training course for its community networks to establish and strengthen services for OVC. Volunteers attend a 5-day training course based on a collection of resources used practically in the field to equip them with skills to employ child-friendly interactive methodologies to identify and support OVC and to set up OVC Support Centers in their communities, providing children with a range of support services. The collection of resources that will be used includes practical exercises which cover the following topics: defining and identifying OVC, practical skills for care and support, establishing and managing an OVC support center, understanding and accessing the SAG social support system, and basic monitoring and evaluation. Community volunteers are identified and profiled from local congregations and return to serve their communities after training increasing community support for OVC. Community volunteers will be provided with ongoing, on-site support and mentorship by skilled program staff. In the period ending June 2006, 85 volunteers were trained as OVC caregivers. In FY 2007 the Salvation Army will train additional caregivers to expand service delivery and enhance the quality of care provided through intensive supervision.

ACTIVITY 2: Establishment of OVC Support Centers

This activity involves the establishment of OVC Support Centers in communities where The Salvation Army already has a presence. Through extensive outreach to churches, community leaders and networks, community volunteers will inform the community of the establishment of the OVC Support Center and its services. As a result of this outreach, OVC will come to the OVC Support Center where their needs will be assessed and documented. OVC will then be provided with a comprehensive range of services based on each child's individual needs that include, but are not limited to, psychosocial support (primarily through child-friendly participatory approaches), building resilience, life skills and assistance in accessing SAG social support systems (including HIV prevention advocacy on behalf of OVC and their families). Volunteers will also negotiate with schools to help OVC obtain school-fee exemptions to ensure OVC have access to education. In addition, OVC will be linked to existing community resources for the provision of food, school uniforms and supplies. All outreach activities will be sensitive to gender and will address gender issues that arise in the equity of access to services through the routine monitoring of service data. Any imbalances detected will be addressed. In the period ending June 2006, Salvation Army provided services to just over 2000 OVC. FY 2007 funding will be used to intensify and enhance OVC services. Salvation Army will facilitate the referral system to ensure that the OVC have access to health and treatment services.

ACTIVITY 3: Establishment of referral networks and linkages

When volunteers identify cases they are not equipped to deal with, referrals will be made to relevant service providers such as child protection services, health care providers and social workers. The Salvation Army will form linkages and partnerships with existing specialized service providers such as social workers, police, child protection units and child health systems to improve and/or increase access to such services as well as to public and private institutions providing pediatric ARV treatment and services for HIV-infected children. Through utilizing established networks (such as women's groups, study groups, and Sunday School programs) and private and public sector partnerships, the Salvation Army will be able to access other community resources to further enhance OVC outreach initiatives. Reports on activities and data will be routinely forwarded to the local Departments of Social Development to share data and information contributing to national statistics of the OVC profiles the country and leveraging more support and resources for the OVC. This will improve the quality of service delivery and the services rendered and ensure that the program is in line with SAG policy, guidelines and priorities. With the incorporation of Abaqulusi child survival program and Community youth and OVC response into Matsoho A Thuso, attention will be given to documenting the best practices from their way of working and try and replicate them in other service hubs. Wherever feasible, The Salvation Army will retain the knowledge and services of the staff and volunteers associated with the Abaqulusi Child Survival program Northern KwaZulu-Natal and Western Cape Community Youth and OVC response program.

This activity will contribute to the PEPFAR goal of providing care and support to ten million people affected by HIV and AIDS including OVC and their families.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7552

Related Activity: 13803, 13804, 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22906	2994.22906.09	U.S. Agency for International Development	Salvation Army	9826	335.09		$0
7552	2994.07	U.S. Agency for International Development	Salvation Army	4462	335.07		$550,000
2994	2994.06	U.S. Agency for International Development	Salvation Army	2657	335.06		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13803	2992.08	6615	335.08		Salvation Army	$200,000
13804	2993.08	6615	335.08		Salvation Army	$400,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Estimated PEPFAR dollars spent on food	$1,950

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	10,080	False
8.1.A Primary Direct	10,080	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	420	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 509.08
Mechanism: N/A
Prime Partner: Save the Children UK
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3054.08
Planned Funds: $3,395,000
Activity System ID: 13806

Activity Narrative:

SUMMARY:
Save the Children UK (SC), in partnership with The Center for Positive Care (CPC), supports the South African local government (LG), Departments of Social Development (DOSD), Education (DOE) and Health (DOH) and other NGOs in the Free State (FS) and Limpopo provinces to provide comprehensive care for OVC. Activities include building community capacity by establishing, training and mentoring Child Care Forums (CCFs), training home-based care (HBC) givers, helping schools to plan and implement care for OVC and improving local, district, provincial and national coordination of OVC programming

BACKGROUND:
SC's OVC program in SA began in 2003 and has been supported by PEPFAR since 2004. SC works with LG to rapidly roll out CCFs at ward level. In FY 2006 SC and CPC assisted 40,381 OVC. FY 2008 funding will continue to strengthen the reach, quality and long term sustainability of care provided to OVC by expanding ward level networks of support and extending these to additional municipalities. SC actively seeks support of government, local business and FBOs for network activities. SC activities will be implemented in underserved areas in the FS in Thabo Mofutsanyana District, a SA presidential poverty area, and selected rural and underserved municipalities in Fezile Dabi and Lejweleputswa Districts. In Limpopo, SC in partnership with CPC, will provide services in Vhembe district, a designated homeland during Apartheid. In FY 2008 services will be expanded to incorporate the needs of very young OVC, OVC with disabilities and OVC in farming communities

The project is in line with SA's National HIV/AIDS and STI Strategic Plan, Policy Framework for OVC, National Action Plan for OVC and SAG policies. SC is a member of the National Action Committee for Children affected by HIV/AIDS steering committee and participates in the development of national policy and guidelines. SC coordinates the national Caring Schools Network of organizations establishing OVC care through schools in South Africa

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Establishing and strengthening community structures
SC and CPC, with partner NGOs, establish and strengthen ward level networks comprising of a CCF, HBC groups, schools, local business, faith-based and other groups, which are led by the ward councilor and the Community Development Worker (CDW) in each province. SC establishes and strengthens CCFs, which identify OVC, ensure OVC and their caregivers access services, mobilize community support for OVC and their caregivers, actively support community initiatives for OVC, and keep records of OVC. CCFs monitor the well-being of OVC (taking account of needs according to age and gender) and their caregivers, and raise issues related to service delivery for OVC with relevant local authorities through the OVC Task Team or other coordinating structures. SC will enable schools to plan and implement programs to care for OVC and to establish children's groups to ensure that children are actively involved in all aspects of support. In FY 2008 SC will extend community-based care for OVC to selected, underserved municipalities of in the FS and to additional wards in Limpopo. SC and CPC will extend the caring schools component of the program, including support for adolescent OVC, to additional schools in all districts in which the program is implemented

ACTIVITY 2: Human Capacity Development
SC supports human capacity development by training CCF members, school-based youth facilitators (YF) and community stakeholders in children's rights including child participation, HIV and AIDS, identifying OVC, supporting access to essential services, psychosocial support and home visits and child protection. HBC groups will be trained in health care for children in AIDS-affected households, with an emphasis on very young and adolescent OVC, and support to children that are caring for ill adults. Organizational development and OVC program training will be given to CBOs, FBOs and partner NGOs. All ward-based CDWs will be trained in comprehensive child wellbeing and mentored to assume leadership of a ward network to achieve child wellbeing. Additional training for YFs, CCF and HBC members on understanding adolescents will be incorporated into the program. This will include; how to talk to and listen to adolescents to help them to understand the changes in their bodies and how to initiate groups and activities that they will participate in. YFs will be trained to initiate and support peer education activities for adolescent in school OVC. All activities will include a focus on gender and gender roles in adolescent sexuality. Clinic staff will be offered training and support by SC in working with adolescents and responding to their health needs

ACTIVITY 3: Care Services
With SC support, CCF members will identify OVC; facilitate access to birth registration, health care (including pediatric treatment) and HIV counseling and testing, social security grants and protection: monitor that services are delivered; make home visits and initiate children's and caregiver's activities to enhance psychosocial well-being and provide or arrange for food assistance, school fee waivers, uniforms and transport to government services. Schools are capacitated to support OVC improving access to nutritional support, recreation, play and psychosocial support for children and their caregivers (both teachers and family caregivers); extracurricular activities that encourage children to excel in different fields and that teach children relevant skills; clothes and uniform banks; improved safety and protection for children; the provision of other government services at schools; and linkages with community programs that support OVC. SC will explore the role of gender and activities will respond to the needs of young girls and boys and caregivers, including older women. Women will actively participate in decision-making while men and youth will play an active role in community care and support activities. SC data for specific indicators will be recorded and analyzed by gender and monitored to ensure gender-balanced outcomes

Adolescent OVC will be referred to clinics for sexual and reproductive health services and SC with the DOH will ensure that the clinics are responsive to adolescent OVC needs. SC will start support groups for adolescent OVC, in conjunction with resource centers in Vhembe district. Services will include support for peer-led activities and services from trained adult caregivers. OVC will be supported to discuss and find solutions to their problems, access information and services, and interact socially with each other in a safe space supervised by trained adult caregivers. SC will expand the in-school youth peer education program using existing best practice models, such as the RADS (Radically Different Species) life skills program developed with Rutanang, in the Free State and Vhembe. Teenage mothers will be included in support groups for positive mothers. (May be obvious but a word on the rationale may be useful)

In addition, in FY 2008, SC will utilize PEPFAR support to respond to gaps identified through SC's internal impact monitoring process. Support for OVC under-five years will be introduced to respond to

Activity Narrative: recommendations from research into the strengths of different programs of home and community care for young children that SC is currently conducting. This will include support for caregivers to stimulate OVC and ensure health and nutritional support. In addition, approaches to supporting OVC in the sparsely populated farming communities will be initiated and piloted. SC and partners will build on existing infrastructure, such as farm schools and mobile health services for the development of support networks for OVC. SC will work in partnership with farmers and farm worker unions to reach OVC currently not receiving services on farms. Services for OVC with disabilities will be a focus area in all districts. Members of all CCF groups and YFs will be trained in community-based rehabilitation for OVC with disabilities to ensure inclusion in all OVC programs. SC will provide support to schools to enroll children with disabilities in schools where possible in accordance with SAG policy

ACTIVITY 4: Advocacy
SC will continue to advocate for improved service delivery to OVC. A key element will be the collation and sharing of data on service delivery with SAG. SC will refine its database and decentralize data collection to ward level to generate reports on the status of service provision. These will be analyzed collaboratively with LG and Home Affairs, DOSD, DOE, and DOH to design more responsive services including child-oriented CT. OVC Task Teams will be capacitated to monitor OVC service provision. LG will be encouraged to include children's issues in their integrated development plans. For long term sustainability SC will lobby DOSD to ensure that all CCF members are provided with stipends and with DOE to include YFs in programs that receive stipends. SC will extend the reach of the CASNET program through training and active engagement of DOE at provincial level to expand OVC care through schools in all provinces. SC will continue to actively support the national rollout of CCFs by NACCA

ACTIVITY 5: Improved Coordination
SC will support OVC Task Teams to coordinate services for OVC including hosting meetings between service providers and strengthening links with CCFs, other ward structures and the district level. SC will support exchange visits and promote participation of OVC in ward and local level decision making. Stakeholders at district and provincial levels will be encouraged and supported to form appropriate coordination mechanisms. SC will also support NACCA to engage with the SAG's National AIDS Council, and localgovernment bodies. SC OVCactivities will assistPEPFAR toachieve it goalof caring for 10 ml. people,including OVC

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7589

Related Activity: 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22903	3054.22903.09	U.S. Agency for International Development	Save the Children UK	9825	509.09		$3,296,221
7589	3054.07	U.S. Agency for International Development	Save the Children UK	4477	509.07		$1,850,000
3054	3054.06	U.S. Agency for International Development	Save the Children UK	2686	509.06		$1,050,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$150,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	78,900	False
8.1.A Primary Direct	28,240	False
8.1.B Supplemental Direct	50,660	False
8.2 Number of providers/caregivers trained in caring for OVC	2,570	False

Indirect Targets

Given comparative budgets, interesting targets between SC-UK and NACCW.

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4758.08 **Mechanism:** N/A

Prime Partner: Sekuhukune

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 8256.08

Activity System ID: 13808

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: $250,000

Activity Narrative: SUMMARY:

Sekhukhune Educare Project (SEP), is a Limpopo-based non-governmental organization (NGO) that provides psychosocial, educational and nutritional support to orphaned and vulnerable children (OVC) and facilitates increased access to social security grants and other social services. SEP identifies and trains community members as child care volunteers, building their capacity to provide direct care and support to OVC. The primary emphasis area for these activities is human capacity development (training). Target populations include orphans and vulnerable children, caregivers, people living with HIV and AIDS. SEP integrates OVC and home-based care (HBC) work through a home visit system, where caregivers identify and supply services for both adults and children. Children then receive some additional services outside the home through Child Support Groups and Theatre. SEP does not provide food, except in emergency situations. SEP assists with food security through grant access, household budget training and follow-up, gardens and provides referrals for food parcels from the South African Government. Through an ongoing reflection/action process SEP asks questions about community ownership and sustainability. This process helps Sekhukhune to improve the safety nets for children model, which provides a range of services for vulnerable children and their families, including training, child support groups, grants access, etc.

BACKGROUND:

SEP works in Limpopo, one of the poorest provinces in South Africa with an HIV prevalence rate of 21.5 percent. In Makhuduthamaga Municipality, where SEP operates 52% of the population is unemployed (census 2001), 44% have not had schooling and only 11% have matriculated.

SEP will continue to work closely with Child Care Forums (CCFs), government departments, schools and the local municipalities to raise awareness about the impact of HIV and AIDS on children and their families and encourages communities to find their own solutions for OVC who need care. CCFs are community-based structures focusing on the needs of OVC. The role of the CCF is to ensure the identification of OVC, to be aware of initiatives involving child care and support, to create awareness of OVC issues, to assess OVC needs, to liaise with other community-driven initiatives focused on children and to perform advocacy for OVC in the community. CCFs are a vital component for sustainability of OVC programs and community involvement in ensuring that the needs of OVC are addressed. SEP will partner with the Local AIDS Council and encourages key local players to actively participate and support OVC in the Limpopo province. With PEPFAR funding through the Nelson Mandela Children's Fund, SEP has delivered care and support services to over 1,500 OVC in the past two years. SEP used to be a sub-partner under the Nelson Mandela Children's Fund program which ended in FY 2006. SEP has a cadre of 70 trained caregivers providing services to OVC in the Sekhukhune district.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: OVC Support

With FY 2008 PEPFAR funding, SEP will continue to provide intensive care and support services for OVC including individual needs assessments for each OVC, psychosocial and nutritional counseling, homework assistance, play group therapy at the resource centers, and training in home-based care, counseling, child development, community development, mapping, keyhole gardening and psychosocial support. During home visits, SEP child care volunteers conduct individual OVC needs assessment and provide counseling and guidance on nutrition, hygiene and appropriate child protection guidance. OVC support, referrals, and household and family support will be provided by the child care volunteers when they identify a household with an ill parent. SEP child care volunteers will also provide homework assistance and support to ensure that OVC stay in school. SEP child care volunteers will continue to provide support to obtain legal documentation such as birth and death certificates to assist OVC to access government social security grants. For OVC who cannot afford school fees and uniforms, SEP child care volunteers will assist with school fee exemption applications and will ensure that OVC have the necessary school uniforms, school shoes and stationery. SEP will strengthen its partnership with a local SCORE Supermarket, to provide food vouchers for OVC who need emergency food assistance.

One-day workshops will be held in villages to assist OVC households with budgeting skills to provide OVC households with the skills needed to efficiently utilize their social security income to meet long- and short-term needs of OVC. OVC households are also provided with training to establish and cultivate food gardens to improve the nutritional content of the meals for OVC and their families. SEP will provide training and will act as the secretariat for the CCFs and the local municipality in monitoring and reporting on OVC issues in the community. Feedback will be used to improve service delivery and strengthen coordination of services.

ACTIVITY 2: Human Capacity Development

SEP will provide training to its child care volunteers on counseling, needs assessment, referrals, child rights, child protection and the special needs of the girl and boy child. Child care volunteers are also trained as home-based care providers. In FY 2008, PEPFAR funds will be used to provide the Government's 49 days of training for home-based care (HBC) which is the South African Government standard HBC training program. These trainings are conducted by the Department of Social Development (DOSD) which has a tailor-made Home-Based Care (HBC) module. Training is also provided to SEP volunteers by another PEPFAR partner, the Hospice and Palliative Care Association. This training covers the topics of child care, child rights, and other useful modules that relate to palliative care.
SEP will provide HIV prevention messages to all primary schools in its district. The South African Police Service also conducts gender sensitivity training for SEP child care volunteers.

ACTIVITY 3: Home-Based Care (HBC) for OVC

HBC is provided for OVC who are ill and the affected household will be assisted in managing the child's illness. SEP will train home-based caregivers to provide these services. Households with OVC who are sick are visited once per week and more often if necessary. For OVC and the families that are terminally ill, visits are done on a daily basis. In order to sustain HBC for OVC, strong linkages have been established with the local hospitals and clinics. OVC are referred to SEP from the hospitals and vice versa.

Activity Narrative: ACTIVITY 4: Psychosocial Support

SEP child care volunteers will identify and provide OVC with psychosocial support and these children will receive advanced psychosocial support and follow-up. The SEP psychosocial support program will address coping skills, self-esteem issues, memory work, family trees, and spirituality. SEP will also establish child support groups which will provide among other things, healthy and appropriate recreation activities for OVC. This will be done in partnership with community groups, churches and schools. Safe spaces will be identified for these groups to meet on a biweekly basis. SEP will use community theatre techniques to increase the resilience and confidence of children. Children who have participated in the theatre activities have an opportunity to act out or dramatize their experiences, challenges, frustrations and angers and it also has provided OVC with an opportunity to search for solutions to the challenges they face. The plays focus on gender issues and provide an opportunity to sensitize the community and the children to gender-related problems and solutions. In FY 2008, PEPFAR funds will be used to facilitate theatre camps and expose children to visual art and dance. For those children who live too far from the Ikageng Dishaba Theatre, SEP partners with these select primary and secondary schools to arrange theatre activities at the local school. During these theatre activities, participation of the child is encouraged and children are given the opportunity to lead activities.

ACTIVITY 5: Keyhole gardens

Sekhukhune is affected by drought and lack of water is a big issue. Shortage of water combined with challenges encountered with community gardens, has led SEP to use keyhole gardens within household premises. Keyhole gardens are small and use recycled waste water from the household. SEP will also investigate the use of drip irrigation. Keyhole gardening techniques will be facilitated by the child care volunteers who will receive training. Disused boreholes will be investigated, and made productive again through Play Pumps and other providers with necessary expertise to rehabilitate unused boreholes. The SEP partnership with the Department of Agriculture will be used to provide seeds and equipment, where necessary.

ACTIVITY 6: Children with disabilities

A community assessment/mapping exercise will assist us to identify disabled children. SEP will also map what services/resources already exist and develop relationships/partnerships with other institutions for referral and resources. Disabled children will receive both home and other community services, offered through child support groups.

ACTIVITY 7: Early Childhood Development (ECD) Teacher training for preschools

SEP offers ETDP-SETA accredited ECD training for preschool teachers. The training covers good health and safety practices, active learning for children, making equipment and learning resources and activities for children, working with families, and management of a preschool. One group of 25 practitioners will be trained.The Sekuhukhune Educare Project OVC activities will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8256

Related Activity: 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23896	8256.23896.09	U.S. Agency for International Development	Woz'obona	10550	10550.09		$266,999
8256	8256.07	U.S. Agency for International Development	Sekuhukune	4758	4758.07		$230,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000

Emphasis Areas

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	4,400	False
8.1.A Primary Direct	2,700	False
8.1.B Supplemental Direct	1,700	False
8.2 Number of providers/caregivers trained in caring for OVC	125	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Coverage Areas

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4105.08

Mechanism: SACBC

Prime Partner: South African Catholic Bishops Conference AIDS Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6563.08

Planned Funds: $1,940,000

Activity System ID: 13816

Activity Narrative: SUMMARY:

The Southern African Catholic Bishops' Conference AIDS Office (SACBC) provides comprehensive care for orphans and vulnerable children (OVC) to help them grow to be healthy, educated, and socially well-adjusted adults. SACBC supports community programs and projects, linking them to various sources of financial assistance, healthcare, legal aid and nutritional support. OVC services will be provided in 23 sites in all eight provinces of rural South Africa within 18 dioceses of the SACBC Region. SACBC is a sub-partner through Catholic Relief Services for its HIV care and treatment programs.

BACKGROUND:

The SACBC launched this PEPFAR-funded OVC program in September 2007. Over the last eleven months the SACBC AIDS Office supported 21 sites in eight provinces with funding provided directly to sub-recipients. Through this program about 6,700 OVC were reached with psychosocial, educational, nutritional, economic support, health care, pediatric treatment referrals and child protection. In FY 2008, the sub-recipients will continue to use PEPFAR funds to expand and scale up existing services to meet the increasing needs of OVC in South Africa. The SACBC coordinates OVC services at 23 sites. Identification of the OVC sites was based on evaluations of previous programs. Six of the 23 OVC sites also provide antiretroviral (ARV) treatment to people living with HIV (PLHIV), including OVC. Many SACBC sites have a network of trained volunteers. Mostly these are unemployed women, who volunteer in return for training and a monthly stipend. These volunteers become auxiliary community home-based caregivers and continue to develop into specialized OVC caregivers. Some of the volunteer caregivers are so well-trained that they are able to move on to more sustainable jobs in other healthcare sectors. This creates a need for ongoing recruitment of new volunteers and training. OVC at schools are highly stigmatized, and therefore the SACBC response includes stigma mitigation. OVC face many forms of differential treatment and human rights abuses, being denied access to schools and health care facilities. The OVC program will target gender sensitivity and awareness training at schools, and will focus on advocating for the rights of the girl-child, especially adolescent girls. One of the key partners in this program is the Catholic Institute of Education, which focuses on the Education Access Project (EAP). The EAP aims to enable OVC in Catholic schools to continue their education and remain healthy. EAP's strategy is to provide resources to poor schools to assist selected learners orphaned by HIV and AIDS and made vulnerable by poverty with education expenses, including fees, uniforms, transport, sport, outings and a daily ration of food (depending on individual needs) and to motivate school communities to contribute to the care of those affected by HIV and AIDS. SACBC is in partnership with the National Department of Social Development's (DOSD) National Action Committee for Children Affected by HIV and AIDS (NACCA). The mandate for NACCA at national level is to coordinate action for children affected by HIV and AIDS. SACBC adheres to the DOSD Policy Framework on Orphans and other Children made Vulnerable by HIV and AIDS. SACBC is also an active member of the various NACCA tasks teams, including Food and Nutrition, and Care and Support. SACBC will encourage their sites to become active members of the provincial structures of NACCA as well as local districts structures. Most of the selected OVC sites provide community care; only one provides residential care. The family-centered developmental approach of the SACBC OVC program ensures that OVC are placed in families and communities of care. The community mobilization program ensures that members of the local community are in the best position to know which households need assistance and what assistance is required for OVC care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to parents

SACBC will strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support. This is currently carried out at some of centers and will be expanded to other sites with PEPFAR funds. Economic strengthening, such as income-generating activities play a key role in maintaining the livelihoods of OVC and their families. These income-generating activities include food gardens, sewing school uniforms, and brick making training.

ACTIVITY 2: Community mobilization

SACBC will mobilize and support FBO/CBO community-based responses to OVC care by building community responses through local networks and advocacy initiatives. This includes establishing Child Care Forums at local level to reinforce the capacity of communities to respond to the needs of OVC. SACBC will also increase the capacity of FBOs/CBOs with training programs for OVC care and support, utilizing lessons learned and best practices from 'Choose to Care' to enhance training skills. SACBC will provide technical assistance to FBO/CBO projects as they respond to the needs of OVC and their families, including skills training and development and assistance to access the funding necessary to provide needed services.

ACTIVITY 3: Access to services

SACBC will ensure that OVC and their families access essential services including education, healthcare and other support. Existing services will be improved and expanded, including psychosocial counseling. Coping strategies will include life skills training to reduce vulnerability, as well as assistance for education costs (school uniforms and stationery) in line with South African Government policies and programs. The SACBC project will also scale up educational, nutritional, social, medical assistance and psychosocial support for OVC at new sites within 18 dioceses. The components of the program will feature cross-cutting issues, child participation, gender issues and will address stigma and HIV prevention.

ACTIVITY 4: Gender, Stigma and HIV Prevention

The Education for Life Program, is a behavior change skills building program geared towards young people, targeting OVC aged 10 -15. It is divided into 3 stages, whereby the participants are led through a process of self-introspection on their present reality to name and own behaviors that are life threatening and harmful to their dignity. Through ongoing questioning and various participative activities youth are led to choose and commit themselves to possible new behaviors that promote a positive and healthy lifestyle. The process will provide positive engagement and open discussion around sexuality, sexual behavior, teenage pregnancies

Activity Narrative: and the role of women. It also addresses gender mainstreaming, and the SACBC will continue to develop sites on the promotion of the needs of the girl child, especially from age 10-16.

NEW ACTIVITIES

ACTIVITY 5: Bicycle Project

In FY 2008, the bicycle project through collaboration with the Institute for Transport and Development Policy (ITDP) will be introduced and piloted in 10 sites. A feasibility assessment will be done in advance to identify opportunities and challenges of introducing this project in the selected sites. The pilot will include the bicycles for OVC who have to travel long distances to attend school and the secondary caregivers to reach OVC.

ACTIVITY 6: Exit strategies for OVC

23 sites will be assisted in developing exit plans for children above 15. This is to ensure that when children leave the program there are plans in place to further their education, access vocational training, establish income generating activities or gain employment. The SACBC will develop wrap-around programs with other partners (e.g.DOSD) for food supplements and nutrition assistance to ensure effective implementation of OVC interventions.

ACTIVITY 7: Training

Secondary caregivers: Training to be provided will focus on child and youth care, psychosocial support and caring for children with disabilities, equipping participants with an understanding of the fundamentals of child and youth care work and developing basic caring skills for children and youth. Another important activity inclusion. Training of primary caregivers: Families of OVC will be trained by secondary caregivers in identifying and establishing viable income-generating activities for household economic strengthening. Training will also focus on basic nutrition, HIV awareness and prevention, basic hygiene and treatment literacy, particularly for families of PLHIV. Training of trainers: This program will target a few secondary caregivers from each sub-recipient to be trained as trainers in child and youth care work, psychosocial support and M&E. Training of OVC: A series of formal and informal training sessions will be conducted with OVC across the program, including child-headed households, focusing on life skills training (provided by two PEPFAR partners - Soul City and FHI), reproductive health and HIV and AIDS. Informal training sessions will be held during career camps and the after school programs, covering various topics, including child rights, basic saving and budgeting as well as career guidance for older youth. Training of sub-recipients: In FY 2008, training will focus on proposal writing and financial management.

Family Health International (FHI) is also funding SACBC as a sub-partner but these are different sites. Once the agreement with FHI ends, these sites will all be transitioned to the SACBC (as a prime partner) program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7398

Related Activity: 13817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22868	6563.22868.09	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	9810	4105.09	SACBC	$1,883,555
7398	6563.07	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	4401	4105.07	SACBC	$1,800,000
6563	6563.06	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	4105	4105.06	SACBC	$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13817	13817.08	6623	4105.08	SACBC	South African Catholic Bishops Conference AIDS Office	$485,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$55,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	14,000	False
8.1.A Primary Direct	9,000	False
8.1.B Supplemental Direct	5,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,200	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Eastern Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4762.08

Mechanism: N/A

Prime Partner: Ubuntu Education Fund

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8272.08

Planned Funds: $250,000

Activity System ID: 13849

Activity Narrative: SUMMARY:

Ubuntu Education Fund (Ubuntu) offers counseling, access to health services, nutritional support, assistance with obtaining child support and foster care grants, assistance with obtaining birth certificates, school kits, internship/scholarship opportunities, holiday camps and support groups for orphans and vulnerable children (OVC) living in resource-constrained townships of Port Elizabeth, a city in the province of the Eastern Cape. The emphasis areas are community mobilization/participation, food and nutritional support, development of network/linkages/referrals, and linkages with other sectors and initiatives. Specific target populations include OVC, HIV-infected infants, HIV-infected children and caregivers of OVC.

BACKGROUND:

Ubuntu began working with OVC in 2003 with school-based psychosocial support, which has evolved over the past three years into a comprehensive OVC care program. There are an estimated 50,000 OVC in the townships of Port Elizabeth. The rapidly increasing number of OVC in the target area is an immediate measure of the impact of HIV and AIDS on local communities. In a recent intake of a general population of schoolchildren into an Ubuntu activity, 40 percent were OVC. Child-headed households in South Africa are rapidly increasing, as are the number of elderly grandparents caring for orphaned grandchildren. The burden of responsibility for care giving and coping with a family member who is suffering from AIDS-related illnesses invariably falls on women, particularly girls and grandmothers. Children are experiencing "repeat orphaning" - where they are taken in by a close relative who then also becomes sick and dies. OVC are also particularly at-risk for sexual abuse, economic exploitation and HIV infection.

Ubuntu uses a community-based approach to mobilize community members to recognize and care for OVC. The program targets children who are orphaned, or those whose parents or caregiver are living with HIV to ensure they access treatment when appropriate, and child-headed households. Ubuntu also provides services to a significant number of children living with HIV who are in need of coordinated services from providers that are family-centered and integrate child and parent services. Ubuntu became a PEPFAR partner in FY 2007 and has only recently received funds so does not yet have PEPFAR-funded results to report. FY 2008 PEPFAR support will allow Ubuntu to scale up the OVC program to provide comprehensive services to an increased number of OVC.

ACTIVITIES AND EXPECTED RESULTS:

The OVC program targets high-poverty, high-risk schools as evidenced by intakes into Ubuntu's counseling program. Ubuntu places full-time OVC specialists on site at the school to identify OVC for intake into their psychosocial support services. Ubuntu ascribes to the school as a "center of care, support and prevention" model (SCCSP) and proactively engages school governing boards, administrators, teachers and parents to establish a caring, supportive school environment. Ubuntu is an active participant in the training and best-practice sharing of the Caring Schools Network (CASNET) of OVC service providers organized by Save the Children UK. Ubuntu's OVC services are in close alignment with the Department of Social Development's Policy Framework and National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS, 2006 - 2008. In alignment with these policies, Ubuntu aims to strengthen family and community-based care for OVC. Ubuntu works closely with social workers to coordinate services for families. Staff are engaged in ongoing policy meetings with the Department of Social Development regarding income grants, nutrition assistance and efficient and effective service delivery. Ubuntu participates in a local network of corporate organizations, NGOs and CBOs which work with the Department of Social Development and the Department of Home Affairs to coordinate income grant and identity document events in local community settings. Ubuntu provides comprehensive psychosocial services to 11 OVC as an implementing partner in the Umzi Wethu project coordinated by the Wilderness Foundation which provides skills training and learner ships for OVC in the ecotourism industry. Ubuntu has strong referral partnerships with the Child Protection Units of the South African Police, Childline and the Rape Crisis Center at Dora Nginza Hospital. Other Ubuntu programs provide wrap-around services to OVC including a school gardening/lunch program, improved educational facilities and life skills education.

ACTIVITY 1: Comprehensive Care Services for OVC

Through case management and school-based counseling services Ubuntu provides comprehensive care for OVC. Ubuntu uses a family-centered approach to address the needs of OVC and work with their caregivers to stabilize the household and to provide a supportive, caring environment for the child. Each OVC and their household's needs are assessed and an individualized action plan is developed. Service plans include the following as needed: counseling, access to health services including voluntary counseling and testing (VCT) and antiretroviral treatment (ART), protection from abuse, assistance with obtaining South African government (SAG) grants including disability, child support and foster care grants; legal documents such as identity documents and birth certificates; assistance with food security including food parcels are provided with support from other funding partners, daily school lunches, or backyard garden support; and assistance with access to education such as school kits, tutoring , waiving school fees, internship/scholarship opportunities, referrals to other service providers, support groups and school holiday camps. Community partners are encouraged to refer child-headed households to ensure that they receive comprehensive care services.

Support groups for OVC girls who have survived sexual abuse, OVC who are teenage mothers, and OVC living with HIV are provided on a weekly basis. OVC Specialists assist OVC girls and adolescents to avoid transactional sexual relationships with older men by providing emotional, economic, nutritional and educational support as well as sexual and reproductive health education and access to services. Group therapy is provided to OVC boys who are acting out aggressively in home or school settings. These support groups meet weekly and focus on addressing male norms and behavior. All support groups are linked to Ubuntu's career and higher education program that builds skills and facilitates access to ongoing education for these particularly vulnerable groups.

Through Ubuntu's VCT and Care services, children at higher risk of HIV exposure are proactively identified to ensure they receive access to VCT as well as providing access to treatment services for children living with HIV and AIDS and their caregivers. Ubuntu case managers work with Dora Nginza's Pediatric ARV Unit and its sub-clinics to provide ongoing monitoring and support to children on ART.

Activity Narrative:

ACTIVITY 2: Developing Schools as Centers of Care, Support and Prevention

Ubuntu uses a model of "schools as centers of care, support and prevention" based on the school playing a central role in the caring and safety of OVC. Ubuntu works closely with school communities to create a caring and safe school environment both during and outside of school hours. The school management, staff and Ubuntu sign a Memorandum of Understanding (MOU) that lays out the model including the roles and responsibilities of the school and Ubuntu. Ubuntu works with the school to develop a garden on-site and ensures that all school children receive a daily hot meal. Ubuntu OVC specialists provide life skills classes, case management services to OVC and their families, and facilitate support groups. Each Ubuntu OVC Specialist has a dedicated counseling room to provide on-site confidential counseling services to OVC. Committees are created at each school comprised of staff, parents, community members and the OVC Specialist. Committees discuss the needs of OVC in the community, coordinate government services events and mobilize community members to care for OVC and child-headed households. Ubuntu works with mobile units from the Department of Social Development, Department of Home Affairs, and the Police to hold government service events that bring relevant government agencies together at the school to enable the greater school community to access vital services such as affidavits, identity documents and income grants in community settings. During school holidays, Ubuntu holds school-based day camps for OVC staffed by OVC specialists, parents, teachers and volunteers. The school holiday program targets 200 OVC in Grades 4-12 and consists of life skills, tutoring and technology workshops, activity clubs, mentoring and peer support, and arts and sports activities with partnering organizations. The camp takes place during the school holidays in July and December for a two-week period. During the week-long school holidays in September and April, Ubuntu holds more focused intensive interventions with OVC including retreats and intensive tutoring programs. Ubuntu provides two nutritious meals per day during the camp sourced from the school garden Ubuntu has developed. In 2009, Ubuntu will expand to two additional schools to provide comprehensive SCCSP services.

These results contribute to the PEPFAR 2-7-10 goals by increasing access to comprehensive care services for orphans and vulnerable children, reducing their vulnerability and improving access to essential resources and services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8272

Related Activity: 13846, 13847, 13848, 13850

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22807	8272.22807.09	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	9796	4762.09		$242,726
8272	8272.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13846	8261.08	6632	4762.08		Ubuntu Education Fund	$200,000
13847	8266.08	6632	4762.08		Ubuntu Education Fund	$50,000
13848	8263.08	6632	4762.08		Ubuntu Education Fund	$75,000
13850	8265.08	6632	4762.08		Ubuntu Education Fund	$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Wraparound Programs (Other)

* Economic Strengthening
* Education

Food Support

Estimated PEPFAR dollars spent on food	$34,000
Estimation of other dollars leveraged in FY 2008 for food	$25,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	800	False
8.1.B Supplemental Direct	1,200	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	519.08	**Mechanism:**	N/A
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	6421.08	**Planned Funds:**	$50,000
Activity System ID:	13855		

Activity Narrative: SUMMARY:

The Nelson Mandela School of Medicine will introduce additional training modules to explore developmental disability prevalence and interventions for orphans and vulnerable children (OVC) seeing Traditional Health Practitioners (THPs), either directly as patients or as family members of patients. The primary emphasis area will be training, with minor emphases in information, education and communication and needs assessment. The target populations are OVC, their caregivers and traditional healers.

BACKGROUND:

It is estimated that 6 to 11 percent of South African children under 15 years of age are orphaned due to loss of one or both parents due to HIV and AIDS. These children are particularly vulnerable to neglect within households, marginalization within communities, and are less likely to receive adequate, education, growth and nutrition, regular healthcare and social services. Many of these children may be infected with HIV themselves. This emphasizes the need to address the bio-psychosocial problems facing this group of children in addition to access to antiretroviral drugs. Traditional healers may facilitate preventive care in these households and children.

ACTIVITIES AND EXPECTED RESULTS:

This traditional healer and the biomedical collaboration will facilitate the following specific activities:

ACTIVITY 1: VCT

Provide support for voluntary counseling and testing (VCT) of OVC, families and child caregivers, including HIV prevention and treatment education.

ACTIVITY 2: Psychosocial Support

Provide psychosocial support to OVC, their caregivers and families by introducing coping strategies, mental health assistance, counseling and referral for problems that can be dealt with on the biomedical side.

ACTIVITY 3: Training

Activities 1 and 2 will be included in one-day training modules for THPs (entire FY 2006 cohort) on a ten-question screen for pediatric developmental disabilities as well as for HIV that lay counselors can also use. This will be introduced and adapted to THP practice. OVC are especially at risk for developmental disabilities, delayed school entry, etc. Field evaluation will follow to validate negative or positive screens of OVC. Workers from the Department of Community Health at the Nelson Mandela School of Medicine (NMSM) will apply an inter-rater reliability test for sample THP groups.

ACITIVITY 4: Stigma and Discrimination

A pilot workshop will be held with smaller group of THPs from FY 2006 cohort to explore assistance and biomedical-traditional healing collaboration on managing stigma and discrimination problems for OVC. Advise will be provided on treatment availability and confidentiality. In addition, the NMSM will explore joint strategies with THPs on disclosure of child's status and daily drug regimens.

ACTIVITY 5: HBC

Integrating child health and wellbeing into home-based care (HBC) for the sick will be done in collaboration with current HBC training modules. THPs visiting patients and patient families can do rapid checks on kids when visiting homes or dealing with parents and determine if OVC are receiving government grants. This will be added to the monitoring and evaluation practices.

ACTIVITY 6: Public Sector Services

NMSM will work to improve utilization of public sector services - such as social welfare and health, including facilitating access to antiretrovirals. They will ensure that all THPs in the program are fully aware of social security grants available and special facilities for kids, people in communities who receive special training to engage children in early education activities, before pre-school. The same is true for care dependency grants, foster care grants, disability grants. This training and collaboration will form part of training sessions discussed in item 3 above. THPs could help direct children and their caregivers to social workers at community level instead of patients only meeting a social worker at the tertiary level and having to be referred back to the community level social worker (a common situation currently). NMSM will conduct training and interact with THPs to include discussion of advocacy on behalf of children on issues of guardianship, school attendance, and legal issues.

ACITIVITY 7: M&E

NMSM will carry out follow-up sessions with THPs on these issues during the course of the year to explore implementation successes and failures and needs for modification of training.

The following parameters will be monitored to measure the impact of traditional healer involvement in improving the health and wellbeing of OVC:

1. Numbers of OVC and households in the care of traditional healers;
2. Description of the psychosocial context and needs of OVC and their extended families;
3. Changes in utilization public sector services;
4. Changes in school attendance;
5. Access to social and welfare grants;
6. Access to preventative and curative healthcare services, including antiretrovirals, immunization, growth and nutrition monitoring.

Activity Narrative: This project contributes to the PEPFAR goal of providing care to 10 million people, including OVC by caring for OVC and their primary caregivers. It also contributes to the USG Five-Year Strategy by providing care for OVC through local communities and improving their capacity to deliver quality care for OVC in their communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7426

Related Activity: 13851, 13852, 13853, 13854, 13856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22737	6421.22737.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$29,127
7426	6421.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$50,000
6421	6421.06	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	2695	519.06	Traditional Healers Project	$90,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13851	9083.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$750,000
13852	3067.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$100,000
13853	3068.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$200,000
13854	3069.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$250,000
13856	3070.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	300	False
8.1.A Primary Direct	300	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

KwaZulu-Natal

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4761.08

Mechanism: N/A

Prime Partner: Training Institute for Primary Health Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 8269.08

Planned Funds: $200,000

Activity System ID: 13845

Activity Narrative: SUMMARY:

The Training Institute for Primary Health Care (TIPHC) has implemented OVC-related support activities as part of its Basic Health Care and Support Services to HIV and AIDS infected and affected people. With increased PEPFAR funding, TIPHC will expand their orphans and vulnerable children (OVC) program and provide OVC-specific services focusing on support with educational, psychosocial and nutritional needs of OVC. Selected members of the community will be trained as caregivers and young counselors (OVC volunteer buddies) The emphasis areas for the program are human capacity development, training, community mobilization and the strengthening of partnerships and linkages with the Departments of Social Development, Health, Education and Home Affairs. The target populations are the OVC, HIV and AIDS-affected families, caregivers and youth OVC "buddies".

BACKGROUND:

TIPHC is a South African registered non-profit organization established in April 1994 working in the Emalahleni Municipality, of Mpumalanga province. Its OVC program is in line with the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment Plan for South Africa. TIPHC is a key partner to South Africa's National and Provincial Government HIV and AIDS Prevention and Control Program. The program aim is to enable equitable access to HIV and AIDS health care and social services and protect this most vulnerable group from abuse. With FY 2008 PEPFAR funding, TIPHC intends to intensify its activities and provide effective and coordinated OVC care and support services to ensure that OVC receive a minimum of three services in line with PEPFAR South Africa OVC support requirements. TIPHC's main activities will include facilitating access to clinical health care services through referrals, enabling receipt of social security grants, processing of legal documentation, provision of psychological counseling, support with schooling requirements and promoting good nutrition. Capacity building interventions will involve conducting training workshops, home visits and family information, education and counseling to de-stigmatize HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: OVC care and support

OVC care will involve allocating a number of OVC to a caregiver and a "buddy". The caregiver will visit the OVC at home to assess the child's health and home environment. During the visit, the caregiver will provide information on where to go for help, offer psychosocial counseling and give guidance on nutrition, hygiene and protection from abuse. Where a child is sick and in need of medical care, the caregiver will obtain a referral letter from the nurse and arrange to take the child to the clinic. Palliative care for OVC will be provided through the home-based care system. Home-based caregivers will be assigned sick OVC to make sure that they are receive the necessary care with feeding, cleaning, medication and counseling. The OVC buddy will also visit and assist with school work and available to talk to the child.

ACTIVITY 2: Facilitating OVC Access to Basic Services

Enabling access to basic services will involve meeting OVC educational needs like waiving school fees, providing school uniforms and tuition, ensuring economic support through social grants, assistance with obtaining legal aid and birth certificates as well as provision of food and nutrition needs with other donor support. TIPHC will identify selected preschools, drop-in centers and primary schools in the target communities where TIPHC is implementing the home-based care program. With assistance from school principals and community leaders, TIPHC will develop a data base of OVC and assess their needs. Based on the needs identified, referral and support services will be provided.

ACTIVITY 3: Training of caregivers and youth

Effective support and care for OVC will be achieved through the work of caregivers and youth OVC buddies. These facilitators will go through a two-week skills training on HIV and AIDS, lay counseling, children's rights and protection, nutrition, hygiene and child development. The training will not include palliative care since sick children will be put into the care of home-based caregivers. The training courses will be provided by the Department of Social Development. Other modules like First Aid will be provided by the Red Cross.

ACTIVITY 4: Community Information, Education and Communication

The information and education messages about the needs of OVC and the role of the community as caregivers and supporters will be included in the HIV and AIDS awareness and prevention program. Meetings will be held with for community leaders (church pastors, union leaders, ward councilors, business owners, teachers and traditional healers) where they will be informed about the program their accountability role and expectations explained. Reporting meetings will also take place to ensure adequate communication with all stakeholders.

ACTIVITY 5: Strengthening networks and linkages with partners

A situational analysis that will be done at the beginning of the program will include the identification of other health and social development initiatives in the area. TIPHC will maintain a comprehensive database of the organizations and service providers. Furthermore, it will establish a forum that will bring key role players to support the OVC program. TIPHC will arrange regular information sharing meetings.

These TIPHC activities will contribute to the PEPFAR objective of providing care to 10 million people infected and affected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8269

Related Activity: 13843, 13844, 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22832	8269.22832.09	U.S. Agency for International Development	Training Institute for Primary Health Care	9801	4761.09		$155,345
8269	8269.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13843	8267.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
13844	8268.08	6631	4761.08		Training Institute for Primary Health Care	$200,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	2,000	False
8.1.B Supplemental Direct	1,000	False
8.2 Number of providers/caregivers trained in caring for OVC	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Mpumalanga

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	513.08	**Mechanism:**	N/A
Prime Partner:	Starfish	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3061.08	**Planned Funds:**	$1,000,000
Activity System ID:	13835		

Activity Narrative: SUMMARY:

Starfish will use PEPFAR funds to provide a holistic package of basic services to orphans and vulnerable children (OVC), including increased access to educational support and social services through community-based programs in six provinces. Major emphasis areas for the program are human capacity development (training) and local organizational capacity building. The program's specific target population is OVC.

BACKGROUND:

Starfish Greathearts Foundation (Starfish), a South African NGO, uses a multi-tiered capacity building model that focuses on partnerships, the ability to replicate or scale-up programs and sustainability to ensure necessary care and support services reach as many OVC as possible. Starfish acknowledges the invaluable role that community-based organizations (CBOs) and caregivers play in the care of OVC, and supports and capacitates Non Governmental Organizations (NGOs) and CBOs through training and mentorship to provide direct OVC services to OVC. The Starfish program is aligned with the South African National Plan of Action for Orphans and Other Children made vulnerable by HIV and AIDS and the Department of Social Development's (DOSD) Policy Framework.

With FY 2008 funding, Starfish will increase and expand its range of services and reach to OVC following a three-pronged strategy: (i) qualitatively improved programming for improved training to CBOs; (ii) quality care and services to OVC and; (iii) organizational, managerial and technical competence to support improved programming and service delivery. This strategy will continue to strengthen Starfish's Mentoring and Training Program (M&TP) which builds capacity of CBOs providing direct services to OVC. PEPFAR funds will train, mentor and support 48 CB0 and their caregivers and workers in the following provinces: Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, North West and the Western Cape. The program will continue to partner with a number of preferred Service Providers, especially Heartbeat. In particular, Heartbeat's child protection training modules are widely used. Starfish will also continue to work with other Mentoring Service Providers (MSP) in the following provinces: Unsung Heroes (Gauteng Province), Barnabas Trust (Eastern Cape), CHOICE (Limpopo), Seboka and Ragoga (North West) and Narcosa (Western Cape).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Local Organization Capacity Development

Central to Starfish's scale-up strategy is a sustainable CBO training and mentoring program. Partner CBOs are trained and mentored for an 18-month period in OVC care and support as well as in developing and improving their organizational capacity. As the number of trained and strengthened CBOs increases nationally, more OVC can be reached more cost effectively and brought into a safety net of care in a sustainable manner. CBOs are provided with the skills to access and implement services provided by the Departments of Education, Home Affairs, Department of Labor (learner ships for 18 year old OVC and those graduating from OVC categorization due to age including those OVC who are heads of households) and the Department of Social Development (DOSD). Starfish also assists CBOs with the development and implementation of work plans, their monitoring, and use of data collection tools, methods of good quality data collection and overall monitoring and evaluation of their programs. Skills, methods, tools and strategies acquired during these workshops combine to add value to the work of CBOs in their OVC Care programs. In addition, good quality programs allow CBOs to solicit additional funding from other sources. The value added to the work of these CBOs is achieved with PEPFAR funding.

ACTIVITY 2: Human Capacity Development (HCD)

The HCD program provides skills in practical management and organizational governance which would include topics such as: vision-building, planning and evaluation which covers following eight steps of planning: delegation and participation, problem solving, planning and implementation, strategic planning, administration, personnel, leadership, legal registration, managing money and fund raising. Fund raising includes: financial systems, bookkeeping, developing a finance policy, budget reporting, conflict mediation, linkages and partnerships and establishing relationships with local government departments and local service providers.

OVC care and support topics covered in the CBO training include; identification of OVC, establishing OVC selection criteria, children's rights, models of care for children, parenting skills, minimizing discrimination and stigma, HIV prevention education; The training will also cover; promoting gender equality and child protection, the roles of community development facilitators and child care workers. Caregivers will receive training on identification of OVC who are particularly vulnerable, abused, sick and HIV-infected The latter are linked to CBO networks of trained caregivers who regularly visit OVC in their homes. Special care programs and mechanisms for referral are then put into place. The caregivers also serve as points of contact for OVC and ensure that linkages and referrals are made to provide OVC with the necessary services. Training in OVC care will also be provided to Granny support groups who create a network of caregivers supporting each other, reducing the individual burden of care and providing a forum for sharing information.

ACTIVITY 3: Psychosocial Support (PSS)

Age-appropriate PSS programs will be provided by CBOs and caregivers working with them. Thee PSS programs will include, play therapy and youth support groups, The focus will be on core themes such as life skills, establishing and balancing gender equity by addressing cultural stereotypes held particularly by boys, child protection with the view of reducing violence and sexual coercion. Sexual and reproductive health especially for adolescent OVC forms part of the PSS program and it is aimed at preventing HIV infections and providing reproductive health information. PSS programs will link OVC to psychological and emotional care. A network of care workers will regularly visit OVC at their homes to provide follow up care at the household level.

ACTIVITY 4: Educational Support

Activity Narrative: The Heartbeat training module will be used to train CBOs to address educational support topics. Starfish will train and support its partner CBOs to ensure OVC are able to access to primary and secondary school education. For example: In various participatory workshops, CBOs and their caregivers/workers contingent are trained on how to secure school fee exemptions, how to apply for and access legal documents and secure social grants etc. Caregivers will work with local schools to facilitate school fees exemption. Caregivers will be assisted to form partnerships with local educators to assist OVC with their homework and monitor on-going school progress. Starfish will also develop local partnerships to secure bursaries for older OVC. Caregivers will provide advice on and enroll older OVC on learner ship programs offered by the Department of Labor. Academic assistance and homework support will be facilitated at care centers and, where possible, qualified teachers will be engaged to work alongside volunteers. Particular attention will be given to English and Mathematics as these subjects are traditionally the most difficult. Starfish will identify, via CBO partners, tutoring and homework after school centers where work can be conducted simultaneously whilst providing a places of safety for OVC. Linkages to programs and services providing school uniforms and stationary will continue to be made. This is an important intervention as it is known to reduce stigma and discrimination and encourages school attendance.

ACTIVITY 5: Legal Assistance

Heartbeat's training module will be used in training CBOs to address topics in this area. The training module covers: Children's Protection; Children's Rights and Child Protection Policy; Assessing and Minimizing Risks; Prevention and Management of Abuse. CBOs will be empowered to ensure that OVC legal status including their possession of birth certificates and identity documents are in place. This will ensure that children are able to access social grants and other economic support services they are entitled to and will assist government to fulfill its mandate as stipulated in the Department of Social Development's Strategic Framework. Post-training activities by caregivers will include ensuring that all topics covered in the training sessions are implemented.

ACTIVITY 6: Nutritional Support

CBO OVC care training will include modules that will focus on nutritional training courses. Trained caregivers will be placed in areas within specified communities to ensure that nutritional education is spread as widely as possible. Nutritional education training given to OVC-headed households and caregivers will assist in improving OVC nutritional status. Training programs in this regard will include topics on healthy food choices, food preparation and storage. The training will focus on CBOs who provide food parcels, manage food gardens, run soup kitchens or assist grandmothers who receive social grants on behalf of OVC. Provision of monthly food parcels is a wrap around activity funded through national and local business partnerships. Soya porridge is distributed to severely malnourished OVC as part of an emergency feeding scheme using non-PEPFAR funding.

Starfish donors e.g. Coca-Cola, Virgin Unite, Cell C etc. provide basic services to over 12,000 OVC through PPPs.

Starfish's OVC activities contribute to the PEPFAR goal of caring for 10 million people including OVC, by strengthening the community-based network for OVC care and support in a sustainable manner.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7590

Related Activity: 13719, 16089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22815	3061.22815.09	U.S. Agency for International Development	Starfish	9797	513.09		$970,905
7590	3061.07	U.S. Agency for International Development	Starfish	4478	513.07		$1,000,000
3061	3061.06	U.S. Agency for International Development	Starfish	2690	513.06		$2,020,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$664,667

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	12,580	False
8.1.A Primary Direct	8,000	False
8.1.B Supplemental Direct	4,580	False
8.2 Number of providers/caregivers trained in caring for OVC	560	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gauteng

Limpopo (Northern)

North-West

Eastern Cape

KwaZulu-Natal

Western Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2803.08 **Mechanism:** N/A

Prime Partner: Hope Worldwide South Africa

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 3304.08

Activity System ID: 13962

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: $2,667,500

Activity Narrative: SUMMARY:

Hope worldwide South Africa (HWSA) will continue to strengthen and develop community orphans and vulnerable Children (OVC) support groups, facilitate kids clubs, strengthen community child care forums, train partner organizations and provide small sub-grants to community-based organizations (CBOs). Primary target populations reached include OVC, youth, and people living with HIV and AIDS. The major emphasis area for the program is training. There will also be a strong focus on educating boys and girls on gender issues. HWSA will also embark on a strong prevention program for older OVC. Older OVC and their families will also be assisted with income generating activities development through public-private partnerships (PPPs).

BACKGROUND:

The OVC program is one of the five focus areas funded by PEPFAR since 2004. The program's main objective is to strengthen and scale-up community-based interventions to provide comprehensive care and improve the quality of life of OVC in areas where HWSA operates. The three activities described below began in 2004 and will be strengthened and scaled-up in FY 2008. HWSA has a PPP with Coca Cola which started in the Western Cape. HWSA will increase care and support of OVC and their families as outlined in the South African Government (SAG) OVC National Plan of Action and National Strategic Plan. HWSA is an active member of the National Action Committee for Children affected by Aids (NACCA) implemented through Department of Social Development (DOSD) in collaboration with other departments to address the OVC National Plan of Action. In FY 2006, HWSA reached almost 14,000 OVC across 4 provinces.

ACTIVITY 1: Training and Capacity Building

HWSA in partnership with ROSI (Regional OVC Support initiative), will continue to provide training to NGOs, CBOs and FBOs in working with children and Psychosocial Support, Kids Clubs, Community Child Care Forums, Basic Play skills, Basic Counseling for Children and support groups to partner organizations. This partnership will enhance HWSA's capacity to offer quality training, enhance capacity of communities to provide comprehensive care and support to orphans and help scale up the OVC reach across the country. In FY 2008 ROSI will train HWSA site coordinators and fieldworkers who will then conduct training of other organizations, Caregivers, Community Child Care Forums and Kids Club Leaders. ROSI trainers will follow up on trained organizations and staff to observe implementation. HWSA continues to emphasize the importance of youth participation in all its activities, and a key component of the Kids Clubs is that the children themselves lead the discussions. To encourage child and youth participation, Kids Club leaders will be trained on Basic HIV/AIDS and knowledge on how to run Kids Clubs (e.g. facilitation skills, lesson plans, games etc.). During Kids Club Activities the HWSA fieldworkers observe, and then organize workshops to help Kids Club Leaders improve their skills.

ROSI's expert on Child protection has sensitized HWSA managers on the need for the organization to adhere to Child Protection. HWSA is drafting a Child Protection Policy which will ensure that all staff and Caregivers working with OVC have been checked and qualify to work with OVC.

Caregivers and family members will be trained on succession planning, children's rights, child participation and child protection. The Children Commission, in collaboration with HWSA and local police, conduct annual campaigns on Children's Rights and Child Protection. These campaigns will be held in schools and community centers and will educate OVC on their rights and responsibilities and help them identify and address physical and sexual abuse issues.

ACTIVITY 2: Comprehensive OVC support

The OVC program will continue to provide comprehensive care and support to OVC and their families. OVC are identified by the program through schools, referrals from Community Child Care Forums, Adults from HWSA's Care and Support program. All OVC referred are assessed and registered on HWSA's database, HWSA conducts baseline surveys when entering communities and establishes networks of service providers and NGOs to facilitate referrals. Services such as access to education, social security grants, health care, legal aid, targeted food, nutrition and psychosocial support will be provided to OVC through activities Kids Clubs lead by trained OVC, Home Visits will be done by Caregivers to ensure OVC receive comprehensive care. OVC will be counseled will be done by trained HWSA field workers, coordinators and trained caregivers either one on one in groups. HWSA field workers, coordinators and caregivers will educate OVC and refer others for services not provided directly by HWSA. OVC will receive ART treatment and adherence support at the closest SAG accredited treatment site. In the Soweto area abused children will be supported and referred for special treatment to Harriet Shezi Clinic in Soweto, where they will receive psychosocial support and ART treatment. In addition, through HWSA's partnership with Tiger Brands (the largest cereal producer in South Africa), local markets, churches and schools. With non-PEPFAR funds, OVC will receive food parcels at least once a month; others may receive more regular food parcels depending on the need. HWSA will provide a meal to every OVC during activities like Kids Clubs and Support groups on a weekly basis. Various other services will be provided in partnership with the local schools, women's groups, community and youth centers, clinics and government departments. For example, ABSA a major South African banking group, is supporting Kids Clubs with educational and life skills material with funding raised from the public through Special Campaigns for the purpose of assisting OVC educational needs. HWSA's caregivers who do home visits then identify educational needs and provide educational material to OVC identified as in need. This is supervised by coordinators and tracked through HWSA's procurement procedures. Through the Kids Clubs and support groups, HWSA conducts life skill activities, organize leadership camps, and provides one-on-one and group counseling to children with special needs.

ACTIVITY 3: Sub-grants

NGOs such as VUKA and Emthonjeni will assist in scaling-up OVC activities in the areas where they operate. The objective is to expand programs in rural areas of Eastern and Western Cape provinces. Sub-grants will be awarded for OVC support to provide nutritional, psychosocial and material support. Technical assistance will be provided on organizational capacity development where necessary to improve the care and support of OVC. In addition, regular mentoring and feedback sessions will be held to review progress.

Activity Narrative:

ACTIVITY 4: Public-Private Partnership with Coca Cola

HWSA will pioneer a Vendor Employment Model for orphans and vulnerable children in South Africa. Through a public-private partnership with Coca Cola, HWSA will explore a vendor economic support activity for OVC/child-headed families and granny support groups. HWWSA has recruited 20 OVC and this number will be increased in FY 2008. The children will be provided training in small business management, money management and how to save and reinvest in their business. OVC will also be trained on basic business skills, marketing and budgeting. In addition, psychosocial training, support and supervision will be provided by HWSA. The necessary trolleys, uniforms, umbrellas and the first inventory of Coca-Cola will be provided to the children. The Coca-Cola management assigned the children in the most appropriate areas where they can sell Coca-Cola. This income generating activity will bring revenue autonomy and new skills into the lives and homes of the OVC which will contribute to reducing the susceptibility of the OVC to HIV.

ACTIVITY 5: HIV Prevention and Gender Socialization

HWSA will use the funds as follows: a) To strengthen adolescent OVC program to focus on HIV Prevention including reproductive health education. OVC face pressures to engage in risky sexual behavior like any other adolescents, but their situation is magnified due to their increased vulnerability because of lack adequate parental guidance. HWSA has undergone training on conducting prevention activities for adolescent OVC to enhance their knowledge, skills and capacity to prevent HIV infection. HIV prevention messages will be incorporated into Kids Clubs and Support group activities. Kids Club leaders, HWSA field workers and coordinators who conduct Kids Clubs and support groups will all be trained on HIV prevention messages for OVC. b) To integrate gender issues within the OVC program: While caregivers and adolescent OVC (especially child-headed households) face serious challenges due to illnesses and bereavement, the realities of gender inequalities and social norms contributes to their vulnerability. HWSA Coordinators and fieldworkers, as well as Caregivers and members of CCFs will undergo training and mentoring support on how to conducting gender socialization messages for adolescent OVC to enhance their knowledge, skills and capacity and to build resilience to face gender related issues. Gender socialization messages will be incorporated into Kids Clubs and Support group activities.

These Hope worldwide South Africa (HWSA) OVC support activities will contribute to the PEPFAR goal of providing care and support to ten million people affected by HIV and AIDS including OVC and their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7609

Related Activity: 13966, 13959, 13960, 13961, 13967, 13963, 14254

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23153	3304.23153.09	U.S. Agency for International Development	Hope Worldwide South Africa	9925	2803.09		$2,071,910
7609	3304.07	U.S. Agency for International Development	Hope Worldwide South Africa	4485	2803.07		$1,860,000
3304	3304.06	U.S. Agency for International Development	Hope Worldwide South Africa	2803	2803.06		$1,260,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
13963	3305.08	6669	2803.08		Hope Worldwide South Africa	$242,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Estimated PEPFAR dollars spent on food	$32,549
Estimation of other dollars leveraged in FY 2008 for food	$99,972

Public Private Partnership

Estimated local PPP contribution in dollars	$1,591

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	28,000	False
8.1.A Primary Direct	25,000	False
8.1.B Supplemental Direct	3,000	False
8.2 Number of providers/caregivers trained in caring for OVC	620	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Eastern Cape

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	2813.08	**Mechanism:**	HSRC
Prime Partner:	Human Science Research Council of South Africa	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	13974.08	**Planned Funds:**	$200,000
Activity System ID:	13974		

Activity Narrative: SUMMARY:

PEPFAR funds will be used to support monitoring and evaluation (M&E) of orphaned and vulnerable children (OVC) interventions at two sites: Kopanang in the southern Free State Province and Kanana near Orkney in the North West Province. The HSRC has been involved in promoting and evaluating OVC interventions at these sites since 2002, but has not received PEPFAR support for these activities previously. The emphasis area for this project is monitoring and evaluation and building capacity of local indigenous organizations to deliver quality OVC care.

BACKGROUND:

In 2002, the HSRC and the Nelson Mandela Children's Fund established an evaluation and intervention project to work with OVC at four sites in South Africa. The main aims of the project were to:

1) Improve the social conditions, health, development and quality of life of OVC;

2) Support families and households coping with an increased burden of care for affected and vulnerable children;

3) Strengthen community-based support systems as an indirect means of assisting vulnerable children;

4) Build capacity in community-based systems for sustaining care and support to vulnerable children and households, over the long term.

A number of existing interventions were supported, a baseline evaluation was conducted to inform future interventions, and new interventions believed to represent best practice were developed and implemented. Funding for these activities ended in March 2007. PEPFAR funds will be used to conduct M&E of OVC activities at two of the four sites.

At Kopanang in the southern Free State, interventions are being carried out by Diketso Eseng Dipuo (DEDI). These include a family support program, early childhood development, and capacity-building activities. Local facilitators hold workshops with the community, complemented by a program of ongoing home visits. Activities conducted during home visits include child assessment, and assisting with completing documentation to qualify for social grants. The intervention also includes a Local Economic Development (LED) component whereby families are encouraged to form small savings societies (stokvels) and receive basic guidance in establishing themselves as micro-enterprises. An AIDS awareness campaign was carried out in February 2007, reaching approximately 650 youth, but its impact has not yet been evaluated.

At Kanana in the North-West Province interventions are being carried out by Child Welfare North-West (CWNW). CWNW has four OVC interventions in the area: 1) Three Child Protection Projects (CPP); 2) a Victim Empowerment Project (VEP); 3) a Kinship Project; and 4) a Child Care and Stimulation Project (CCSP).

ACTIVITIES AND EXPECTED RESULTS:

PEPFAR funds will be used to conduct an evaluation of OVC interventions at the Kopanang and Kanana sites to assess whether the interventions represent good practices and to determine the cost-effectiveness of these interventions. The same evaluation methods will be used at each site. Both quantitative and qualitative methods will be used. These include:

1) Observations carried out during site visits;

2) A review of annual progress reports for the five-year period 2003-2008;

3) Focus group discussions and interviews with beneficiaries and key informants;

4) Costing of the interventions.

Interventions will be assessed using a set scoring system on a scale of 0 to 20. A project will be assessed as representing good practice if it scores 16-20, promising practice if it scores 10-15, and poor practice if it scores less than 10.

Once the evaluation is completed, feedback will be given to the organizations providing services with recommendations for program strengthening, and positive reinforcement for interventions that are working well. The results of the evaluation will be shared widely within the OVC community. HSRC will also liaise with the Department of Social Development and propose incorporation of cost-effective and good interventions into OVC policies and strategies.

These activities will contribute to PEPFAR 2-7-10 goals by identifying good practice OVC interventions and contributing to the delivery of quality OVC programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13968, 13970, 13975, 13971, 15081

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13968	3553.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$1,649,000
13970	3552.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$824,500
13971	8276.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$300,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of OVC programs	N/A	True
Indirect number of OVC served by OVC programs	N/A	True
Indirect number of providers/caregivers trained in caring for OVC	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Not applicable. This activity will evaluate existing interventions that are found to represent good practices will be recommended for scale-up.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas
Free State
North-West

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1401.08
Mechanism: Management 1
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 13918.08
Planned Funds: $200,000
Activity System ID: 13918
Activity Narrative: These funds will support the costs of a locally-recruited OVC advisor. The budget includes salaries, benefits and travel.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 13914, 13915, 14490, 14488, 14489, 14491, 13916, 13917

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000

HVCT - Counseling and Testing

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

Total Planned Funding for Program Area: $42,403,701

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$467,500

Program Area Context:

Since 2000 the National Department of Health (NDOH) supported widespread implementation of a national program for voluntary counseling and testing (VCT). NDOH established policies and guidelines; systems for procurement of supplies and commodities; and regulations for laboratory quality assurance. Each of the nine provinces ensures that national guidelines are followed. PEPFAR partners are located at sites where the government has requested support and as a result, are in areas of need.

The FY 2007 counseling and testing (CT) target was estimated by reviewing the antiretroviral treatment (ART) targets for each year over a five-year period in order to reach 500,000 persons on ART by September 2009. Over the past 3 years, approximately 19 people were tested for HIV per every one person placed on ART. The September 2008 and 2009 CT targets are estimated at 2,036,000 for each year.

About 80% of public health facilities offer VCT nationwide through 4,000 public VCT service points. Though this may seem adequate, more recent data show that only 2% of persons who need to be tested undergo testing. In May 2007, NDOH released the new HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The NSP sets new targets for CT to ensure that all persons at risk get tested, especially those at highest risk who present at clinics for family planning, sexually transmitted infections, antenatal and TB services and those in high transmission areas. The new NSP recommends provision of provider-initiated testing and counseling (PITC) in health facilities. It sets a target of 75% of all public health facilities using this model by 2011. The PITC model is used in addition to the standard VCT model.

USG and PEPFAR partners continue to support the NDOH in their efforts to update policy, training and mentoring in order to increase the demand for, and the availability of quality CT services. More than 45 PEPFAR-funded partners identify CT as a primary activity, and all treatment partners are funded for CT. Although some partners provide CT directly to the public while others support South African government (SAG) sites, all comply with SAG policies. SAG-supported sites integrate CT services within a comprehensive health service package. Levels of support to SAG sites vary among partners, but common elements are provision and training of lay counselors and professional nurses; and provision of technical assistance and mentoring. The SAG provides test kits to public health facilities.

All partners described their training activities in COP FY 2008. Thus, the USG team is able to determine the training curricula that needs to be accredited by NDOH.

Barriers persist for increasing uptake of VCT. These include physical space, distance from CT sites, inaccessible transport systems, stigma and discrimination, long counseling sessions that require the client to opt-in after the session, and lack of external quality assurance of rapid testing. Large community mobilization programs lack adequate messages that clearly communicate HIV risk. Improvement is needed in ensuring that mothers who test positive in PMTCT programs are followed postpartum to prevent mother infant pairs from being lost to follow-up. To compound this issue, there is a lack of sufficient child- and youth-friendly services and services targeting couples to encourage safe disclosure and to promote decreased risk through partner reduction.

The NDOH is involved in updating policy and looking to PEPFAR partners to roll out PITC in all provinces according to new updated WHO guidelines. PEPFAR partners in South Africa will deliver multiple types of HIV testing including diagnostic testing whenever indicated, confidential routine offer with opt-out rapid testing in multiple clinical settings, and community-based family-centered VCT. PEPFAR partners will be evaluated on their CT training, and if task shifting policies are implemented, expansion on current practice may include lay counselors who can learn to do finger prick and perhaps oral rapid testing. In FY 2008, partners will carry out community activities that address gaps in the provision of CT services, particularly for discordant couples and special populations such as clients of traditional healers, family members of persons who test positive, prison inmates, the military, adolescents, and small children. Partners will ensure that there are systems for quality measurement among CT sites. USG partners will continue to provide public health messages on awareness, the need to determine one's status and promoting behavior change through health promotion messages including consistent and correct use of condoms.

As HIV care and treatment activities expand, partners are required to work within a functioning comprehensive referral system that includes NDOH public health facilities, faith- and community-based organizations, and the private sector. USG partners integrate secondary prevention strategies in care and treatment sites; provide simplified prevention messages and access to condoms; offer post-test counseling with support to encourage disclosure to partners and families; identify and counsel on reduction of substance use; help HIV-infected individuals and discordant couples to develop prevention plans; counsel on adherence to ART when indicated; integrate gender-based violence counseling, screening and referral; and provide linkages to basic palliative care, reproductive health, STI screening, and PMTCT for the unborn and breastfeeding child. PEPFAR-supported CT activities provide linkages for special populations such as clients of traditional healers, couples, children and prisoners. Partners will also ensure that persons with TB are tested for HIV and those who are HIV-infected are screened for TB.

Other PEPFAR CT activities, in collaboration with NDOH, include expanding laboratory accreditation and quality assurance programs for CT sites; supporting provincial health departments through regular CT meetings and an annual CT technical meeting; developing and updating CT training materials for provider initiated CT; and providing targeted training for all providers. PEPFAR partners working in public facilities will only purchase emergency back-up supplies to prevent stock-out.

During FY 2007, the USG held the first CT/PMTCT partner meeting. Partners and stakeholders discussed state of the art and evidence based models and furthered their commitment to increasing the number of persons tested. A CT technical review was completed by the PEPFAR technical working group co-chairs from Atlanta and Washington, DC. Several recommendations were made that have become part of the activities of PEPFAR partners.

There are several other donors focusing their efforts on CT in South Africa. The German KFW Banken Grupe through the Development Bank of South Africa supports infrastructure upgrading of public VCT facilities. The European Union funds Higher Education South Africa's HIV activities, including CT. Other international donors such as DFID/United Kingdom, Deutsche Gesellschaft fur Technische Zusammenarbeit, UNESCO and the Canadian International Development Agency provide support to local NGOs.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	1657
9.3 Number of individuals trained in counseling and testing according to national and international standards	26803
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1139726

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2813.08	**Mechanism:**	HSRC
Prime Partner:	Human Science Research Council of South Africa	**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:	8276.08	**Planned Funds:**	$300,000
Activity System ID:	13971		

Activity Narrative: TITLE OF STUDY: Review of counseling and testing (CT) programs, policies and practices in South Africa.

TIME AND MONEY SUMMARY: The Human Sciences Research Council (HSRC) will use FY 2007 funds to conduct a review of counseling and testing (CT) programs, policies and practices in South Africa. The estimated start date is October 2007 and the project is expected to run over three years. The activities described in the 2007 COP are expected to be completed in the first year of funding. The HSRC has applied for $300,000 in Year 1 of this activity (FY 2007 funds), and a further $300,000 in Year 2 (FY 2008 funds). There will be no funds leveraged from other sources.

LOCAL CO-INVESTIGATOR: The Principal Investigator for the HSRC's CDC-PEPFAR award is Laetitia Rispel. Carol Metcalf will serve as the lead local co-investigator on HSRC's counseling and testing activities. Other HSRC co-investigators will include Laetitia Rispel, Heidi van Rooyen, Geoff Setswe, and Charles Hongoro.

PROJECT DESCRIPTION: The HSRC will use PEPFAR funds to conduct a public health evaluation (PHE) of counseling and testing (CT) activities in South Africa. The purpose of this activity is to obtain information on current CT practice, with a view to promote good program practices. The HSRC will include services that have a reputation for best practice or for offering innovative forms of CT. The sample will also include CT services that differ by type of provider (public, private, NGO); models of delivery; and that include a range of geographic settings throughout South Africa, both urban and rural. Structured and semi-structured interviews and field observations will be conducted with service managers, frontline service providers, and clients. Statistics will be gathered on numbers of clients tested, reasons for testing (if available), HIV seroprevalence among clients, and client demographics. Information will be collected on charges for services, staff training, staff supervision, quality assurance practices, types of HIV tests used, counseling models used and whether the model is theory-based and/or evidence-based, outreach activities, policies and practices relating to consent and disclosure, and integration and linkages with other relevant health and social services. For a limited number of services using different models of delivery, cost information will be gathered for purposes of a comparative evaluation. The HSRC will try to include examples of integrated, stand-alone, and mobile or home-based services in the evaluation, as well as different forms of counseling delivery (e.g. individual, couples, and small group).

This activity will gather evidence relevant for effective and cost-effective scaling up of CT services in South Africa, thus contributing indirectly to the overall 2-7-10 PEPFAR objectives (2 million individuals on treatment, 7 million infections averted and 10 million people in care). The results of this activity will be used to improve quality of CT services, which should impact indirectly on the number of people tested and referred to treatment, care and support. This activity will also contribute to achieving the goals of the South African National Strategic Plan on HIV and AIDS and STIs, 2007-2011 (NSP) of reducing the incidence of HIV infection by 50% and making treatment available to 80% of PLHIV who qualify for treatment according to national guidelines.

STATUS OF STUDY/PROGRESS TO DATE: A study protocol has not yet been developed. A study protocol will be developed and submitted to the HSRC Research Ethics Committee and the CDC for review once the HSRC receives FY 2007 funding for this activity.

LESSONS LEARNED: Not applicable. This project has not yet started.

INFORMATION DISSEMINATION PLAN: Once the review and evaluation has been completed, the HSRC will host a one-day symposium for CT program managers and policymakers to discuss the results and to plan for appropriate action based on the findings. Select providers that are examples of good practices or innovative HIV testing and counseling strategies will be invited to speak at the symposium. The HSRC will facilitate the development of an implementation plan to ensure that the results of the targeted evaluation are turned into action. he findings of the review and evaluation, combined with stakeholder recommendations from the symposium will be published in the form of a report which will be distributed to policymakers in national and provincial government and made available for free download on the HSRC Press website. In addition, the HSRC will develop policy briefs for policymakers summarizing the key findings in simple language and making brief practical policy recommendations.

Activities: FY 2008 COP activities will be expanded to include:

(1) A targeted evaluation of barriers and facilitators to HIV testing from a client perspective. Methods may include exit interviews with people attending outpatient health facilities, structured one-on-one interviews with people recruited from the general community (community-based surveys), and focus group discussions. The HSRC will convene a workshop with health officials and policymakers to discuss the findings and to develop practical strategies to address the problems identified with a view to increasing counseling and testing uptake.

(2) An assessment of provider-initiated TC in healthcare settings (such as casualty and emergency departments) with a pilot intervention project to increase the use of provider-initiated CT in these settings. This will be modeled on similar projects that have been conducted in U.S. hospitals with CDC support.

(3) A pilot project to implement one of the models of good practice identified as part of FY 2007 activities in a new setting, or alternatively to adapt or translate training and intervention materials from one of the models of good practice to promote scale-up. The choice of intervention or model will be based in part in the findings of the initial program evaluation.

FY 2008 COP activities will be planned in detail once the initial evaluation (using FY 2007 funds) has been conducted.

BUDGET JUSTIFICATION FOR YEAR 1 MONIES:

Salaries/fringe benefits: $ 150,000

Equipment: $5,000

Activity Narrative: Supplies: $5,000

Travel: $60,000

Participant Incentives: $0

Laboratory testing: $0

Other: $80,000

Total: $300,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8276

Related Activity: 13968, 13970, 13975, 13974, 15081, 13972

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23162	8276.23162.09	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	9927	2813.09	HSRC	$0
8276	8276.07	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	4375	2813.07	HSRC	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13968	3553.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$1,649,000
13970	3552.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$824,500
13974	13974.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$200,000
13972	3343.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$2,348,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2803.08
Mechanism: N/A
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3305.08
Planned Funds: $242,500
Activity System ID: 13963

Activity Narrative: SUMMARY:

HOPE worldwide SA (HWSA) will use FY 2008 PEPFAR funds to continue its work in partnership with local Departments of Health (DOH) to increase access to quality CT services at public sites in the Eastern Cape, Gauteng, KwaZulu-Natal, and Western Cape provinces.

Counseling and testing (CT) targets adolescents from 15 - 24 years both in- and out-of-school through the abstinence and being faithful (AB) program, adults from 25 years and over and nurses in the public sector. The main emphasis areas for this CT activity are to increase gender equity in HIV and AIDS programs and to build capacity at local organizations.

BACKGROUND:

CT is acknowledged within the international arena as an entry point to HIV prevention and AIDS care. HWSA's CT strategies strengthen provincial government's capacity to manage counseling and testing centers and so to create demand for the services. In addition, HWSA has developed 35 CT partner sites around South Africa.

HWSA plans to use FY2008 funds to continue existing activities, but focusing on increasing the uptake of CT services. Currently the uptake of CT services in South Africa is still predominantly by women and HWSA will attempt to increase the number of males being tested and to promote couple and family counseling. HWSA, in conjunction with Engender Health, developed the Men As Partners (MAP) program to increase male involvement. HWSA's FY2008 CT strategy is to educate and sensitize men, women, and youth (in- and out-of-school) about HIV and AIDS to increase CT uptakes. HWSA undertakes to train of male counselors. The continued mentoring of counselors to ensure a high level of competency will remain imperative.

HWSA, through PEPFAR-funded counseling activities, will, in FY 2008, build on successes achieved in FY 2006. HWSA provided CT services to 12,000 people in FY 2006, and CT is integrally linked with all other programs at HWSA. If a client has tested HIV positive, the client is referred to care and support and the children are referred to the orphans and vulnerable children (OVC) program. If the client has tested negative the risk reduction plan is repeate to the client to encourage him/her to maintain their negative status.

The following factors will be considered and addressed to counter low male uptakes at CT sites: proxy testing (using partner status as theirs); gender socialization; an unfriendly health care system; fear of dying; and stigma. The partnership between HWSA and the departments of health has ensured the establishment of a male clinic and a CT/MAP program to ensure education and sensitization on these factors.

Although uptakes of men are steadily rising, they still show a resistance to HIV testing. HWSA found that its male-targeted campaigns tended to increase demand for testing by men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1. Provision of CT

Pre- and post-test counseling will continue to be rendered at 30 existing DOH CT sites as a strategy for preventing the further spread of HIV infection. Part of the HWSA FY2007 strategy will be to increase the number of CT visits by men. Strategies to promote couple-oriented CT will be enhanced and referrals to antiretroviral treatment centers increased to encourage the CT demand. HWSA CT continues to be implemented as part of integrated healthcare services, directly linked to existing HIV care and treatment services. HWSA will continue to support referrals from OVC and prevention activities and will continue to refer clients testing positive to HWSA's support groups.

FY 2008 PEPFAR funding will be used to conduct, workshops and campaigns addressing constructive male involvement in CT, gender-based violence and HIV and AIDS. Reduction of HIV and AIDS stigmatization, staffing of new sites, and outreach to workplaces will be a focus of this activity.

ACTIVITY 2: Training CT Counselors

Ongoing emphasis will be laid on training more male counselors, to further capacitate CT counselors on MAP methodologies and to equip the latter with skills to pre- and post- test counsel men. This supports HWSA's strategy to reach more men. There will be a two-week CT training and orientation session to capacitate counselors to run CT/MAP workshops. For newly appointed peer educators and CT counselors there will be a 5-day Peer Education training course and a 10-day counseling course on CT protocols. In addition, a MAP facilitator/trainer will be hired to engage CT counselors on how to involve men on HIV and AIDS issues. HWSA also aims to capacitate counselors with adherence and couple counseling.

Regular assessments and mentoring of participants will take place during and after training. The latter group's reach will be tracked. HWSA will examine the CT protocol and solicit feedback from the trainer/learner assessor after each training session. HWSA activities in FY 2008 will include further training of existing and new CT counselors with an emphasis on couple counseling, CT protocol, and CT training and technical support of other CT organizations. In FY 2006, HWSA capacitated 100 CT counselors. HWSA CT trainers will continue to provide their services to partner organizations while the use of international CT protocols to ensure standardization of services will be ensured.

ACTIVITY 3: Expansion of CT Provision

HWSA will conduct community campaigns to promote the uptake of CT services and to reduce the stigma associated with HIV testing. Trained community volunteers will conduct activities in workplaces, at community meetings, and through door-to-door visits. Strategies to promote the uptake of CT services will include providing information on CT, awareness-raising on the benefits of HIV testing, promoting couple counseling, and marketing CT as an entry point for ARV treatment.

HWSA will use a mobile CT truck to provide CT services at educational campaigns and to provide CT

Activity Narrative: services in areas and/or sites that lack CT provision. HWSA will also ensure that two-way referral systems between their OVC, prevention, care and treatment support programs are strengthened to ensure that clients receive appropriate services as determined by their HIV status. HWSA will also advocate for the provision of confidential and voluntary CT in the public sector.

HWSA has learnt that that counseling and testing works best if you take the services to - and involve the communities. Activities like campaigns within the communities have been one of the successful methods used to reach more community members, especially men who feel that clinics are unfriendly and impersonal.

HWSA will maintain the 35 public and private sites from which HWSA CT program has been operating. Introducing the MAP program at these sites will enhance the quality of the CT services provided, and consequently, HWSA will reach more men. Efforts to engage private doctors as partners in the CT will continue. HWSA will identify areas without CT service and attempt to extend HWSA coverage to these areas by establishing new partnerships. The PEPFAR program contributed, through these partner sites, to reach over 11,000 people through the CT services.

HWSA will also work very closely with South African prisons to increase the uptake of males who are accessing CT services. HWSA will initially start work with the Johannesburg prison, which has given approval for the provision of CT and training (protocol). This activity will (a) promote the benefits of CT during peer education in all the medium security centers within the prison, and (b) promote referral of inmates to counseling and testing. If tested positive the client will be referred to support groups. Inmates will be identified and screened for training. The counseling and testing protocol will be used for counseling. Inmates from Johannesburg prison will be trained to become counselors and a refresher course will be done for those who were trained by other organizations.

Existing HWSA staff members will be trained on couple counseling and further training will be extended to organizations that have already been trained by HWSA on counseling and testing.

These activities contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals. Consistent with the USG Five Year Strategy for South Africa, these activities also strengthen community demand for CT services; engaged communities on reducing the stigma associated with low CT uptakes; strengthen partner capacities through training. Therefore, through these interventions HWSA CT will strengthen community resolves on knowing their sero-status, promote and engage communities on reducing the stigma associated with low uptakes at CT sites, promote and expand the partner network with the goal of identifying additional resources for the sustainability of the program and identify and strengthen partner capacities through training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7610

Related Activity: 13966, 13959, 13960, 13961, 13967, 13962

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23154	3305.23154.09	U.S. Agency for International Development	Hope Worldwide South Africa	9925	2803.09		$235,444
7610	3305.07	U.S. Agency for International Development	Hope Worldwide South Africa	4485	2803.07		$250,000
3305	3305.06	U.S. Agency for International Development	Hope Worldwide South Africa	2803	2803.06		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13959	3302.08	6669	2803.08		Hope Worldwide South Africa	$1,455,000
13966	3300.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$950,000
13960	12323.08	6669	2803.08		Hope Worldwide South Africa	$48,500
13961	3303.08	6669	2803.08		Hope Worldwide South Africa	$727,500
13962	3304.08	6669	2803.08		Hope Worldwide South Africa	$2,667,500
13967	3301.08	6670	2802.08	Track 1	Hope Worldwide South Africa	$450,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	2,500	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	35	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	130	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

Indirect Targets

In addition to HWSA's direct CT targets, HWSA is training and mentoring a group of CBOs and FBOs to increase their organizational capacity. These organizations are then able to provide better quality CT services.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4763.08

Mechanism: N/A

Prime Partner: Xstrata Coal SA & Re-Action!

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: 8258.08

Planned Funds: $832,000

Activity System ID: 13910

Activity Narrative: SUMMARY:

Xstrata received funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this activity is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services in one district of Mpumalanga, extending into a second district during FY 2008. The project will build on a public-private mix model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement in the province with funding from Xstrata (dollar for dollar match with PEPFAR).

Xstrata and RAC will work through established partnerships with local government, MPDOH, community groups and private providers. Project deliverables have been defined in response to specific requests for assistance from the MPDOH. Major emphasis will be given to development of health workforce capacity, with minor focus on community mobilization/participation, building linkages with other sectors, local organization capacity development and strategic information. The target populations are underserved communities of men, women and children and people living with HIV and AIDS in Nkangala District, extending to a second district during FY 2008, where Xstrata Alloys has its operations.

BACKGROUND:

Xstrata Coal is a subsidiary of a multi-national mining group committed to practical ways of achieving sustainable development and contributing to the health and social welfare of employees and their communities. The company employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived Coal Powerbelt region of Mpumalanga. Xstrata Alloys has more than 10,000 employees with operations in 3 provinces (Mpumalanga, Limpopo, and North West) and Swaziland. This funding partnership enables scaling up the community extension component of Xstrata's comprehensive workplace HIV and AIDS program managed by RAC. The project is focused on implementing a public-private mix service-strengthening model of capacitating government providers within primary care clinic sites to deliver HIV-related preventive, clinical and psychosocial care services. FY 2008 funding will allow continued support to sites established in FY 2007 (working towards full site accreditation) and to expand the number of sites within two target districts. The scope of assistance is defined within a Memorandum of Understanding between Xstrata and the Mpumalanga Department of Health and Social Services, and responds to specific requests for support by the provincial department's HIV and AIDS Unit, as well as the district management teams. This fits within a broader range of interlinked corporate social investments being made by the Xstrata Group to support sustainable local development in these communities.

The project will provide technical assistance, health workforce capacity development, clinic infrastructure improvements, strengthening of pharmaceutical supply management systems and service monitoring for public sector primary care clinics to deliver quality HIV-related preventive and clinical care services. This will contribute to strengthening district-level primary health care service networks and district service management, with a strong focus on improving human resource capacity, including through training and deploying community outreach workers to deliver household-level services. The project works in partnership with other PEPFAR contractors in the province to achieve synergies and avoid duplicating activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will be implemented to strengthen the provider-initiated testing and counseling (PITC) services in two districts in Mpumalanga, in collaboration with the Mpumalanga Department of Health.

ACTIVITY 1: Strengthen Primary Health Care sites to deliver Counseling and Testing Services

Technical assistance and training will be provided to improve public sector human resource management capacity so that critical staff positions will be filled to strengthen counseling and testing services. Physical upgrades to clinic infrastructure (undertaken by Xstrata) will accommodate additional counseling space and essential equipment will be procured. Health information management systems and patient monitoring systems will be strengthened through in-service training, technical assistance and procurement of equipment where necessary. Service delivery will be improved overall to ensure that HIV-infected adults and children testing positive are referred to the essential package of HIV-related, treatment, care and support interventions at designated clinic sites.

ACTIVITY 2: Public Health Sector Workplace HIV Response at the Identified Sites

Retention of health workforce capacity and health worker performance through strengthening public health sector workplace HIV response at the identified sites will be undertaken. A workplace HIV intervention for health and allied workers will be implemented to build 'AIDS competence' in the health workforce at the selected sites, to encourage uptake of HIV testing and counseling and to promote appropriate health action (including care-seeking) and improved attitudes towards patients.

ACTIVITY 3: Community Mapping, Mobilization, Health Promotion, Treatment Preparedness and Support, Referral to Appropriate Health and Social Services

Community outreach workers will be trained to provide basic household health risk assessments and health promotion under supportive supervision. They will mobilize the community for HIV testing and counseling (through the 'I know!' campaign developed by RAC) and will direct community nurses to deliver provider-initiated HIV testing and counseling within households (door-to-door campaign). Individuals with social and health risks will be referred for appropriate services and appropriate follow-up arranged. This will result in risk mapping of all households within targeted communities and systematic follow-up, linked to facility-based services. The community program will be monitored and improved using normative standards and tools developed by WHO (IMAI). Community Health Workers will receive close supportive supervision by professional nurses. A regular learning review will be undertaken, based on an established improvement methodology and ongoing in-service training will be provided from both 'in-house' and external sources. Periodic review of strategic information and performance indicators will support monitoring the quality of service delivery. Each community health worker will undergo routine performance appraisal based on Re-Action's established Human Resource management procedures.

Activity Narrative:

With FY 2008 reprogramming funds, RAC will expand the door-to-door VCT campaign in two communities in Mpumalanga – Ermelo and Breyten.

ACTIVITY 4: Community Support and Psychosocial Care

Linkages with community-based service organizations (including faith-based organizations and non-governmental organizations) will be strengthened and all providers will be encouraged to participate in delivering their service tasks in more coordinated ways through the 'public-private mix' approach (which RAC will support district management teams to oversee). Peer support groups will be established at all sites and linkages to the community will be strengthened through Community Outreach Services. Traditional healers will be engaged and trained in partnership with the MPDOH and supported to provide appropriate referrals to the clinic sites, to provide chronic care support and health promotion. Attention will be given to gender equity, increasing male involvement in the program, addressing stigma and discrimination

Sustainability of this program is assured through the public-private partnership between Xstrata and the MPDOH. By providing support for counseling and testing in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8258

Related Activity: 13909, 13911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22730	8258.22730.09	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	9779	4763.09		$485,452
8258	8258.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13909	8257.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,348,000
13911	8260.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,320,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4746.08

Mechanism: Desmond Tutu TB Centre

Prime Partner: University of Stellenbosch, South Africa

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: 13866.08

Planned Funds: $200,000

Activity System ID: 13866

Activity Narrative: SUMMARY:

The Desmond Tutu TB Center has developed a project in the Western Cape (WC) focused on improving the integration of TB and HIV services by increasing access to counseling and testing (CT) services, intensifying case finding for TB among those who are HIV-infected and expanding access to HIV-care for those diagnosed positive. The major emphasis area is human capacity development through training of staff and managers, developing the capacity of local organizations to implement and manage community CT sites; development of networks, linkages and appropriate referral systems and increasing gender equity through improving male access to CT. The target populations include policy makers, program managers and the general population with a specific focus on couples, men and youth. The project addresses the dual challenges of reducing HIV transmission in communities and minimizing the impact of HIV on individuals and of reducing the TB burden by increasing TB case-finding and ensuring appropriate TB care.

BACKGROUND:

The extremely high TB rates in the WC and the increasing prevalence of HIV have led to the health system being placed under extreme pressure resulting in a failure to cope with the dual epidemics. Therefore, it is necessary to develop effective and feasible strategies that can be adopted by health services and supporting community organizations to increase access to services and improve the quality of care for people with HIV and TB. This project is closely aligned with existing health services and aims to complement, enhance and support these services. It will be nested in six Western Cape communities that form part of the Zamstar project. The Zamstar project is part of the CREATE consortium and is funded by the Bill and Melinda Gates Foundation through a grant to the Johns Hopkins University. Zamstar works to reduce the prevalence of TB by improving integration of HIV and TB services, and through these efforts, have established community advisory boards and stakeholder support. The PEPFAR funded project will benefit the Zamstar project by establishing Community Flexi Hour CT Centers, and improving access to and utilization of CT services through social mobilization and existing household and community activities. It will implement routine screening for TB at CT at the Community Flexi Hour CT Centers and improved access to TB and HIV care through strong referral networks. The project scope has been revised from that submitted in COP FY 2007 to address evolving community and health service needs. All Desmond Tutu TB Centre's projects are implemented in close collaboration with the Western Cape Department of Health, Cape Town City Health Department and non-governmental organizations (NGOs).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Six Community Flexi-Hour CT Centers

Approximately 8% of the adult population of the WC access CT through existing healthcare services annually. The majority of people accessing CT are women who are exposed to CT through prevention of mother-to-child transmission (PMTCT) programs, and clients who are tested in health centers for medical reasons. Only about 30% of people undergo CT through self-referral. Community Flexi-hour CT Centers aim to expand the reach of CT to settings outside health facilities, making CT more accessible to those who do not access routine health facility-based CT services. The target groups include youth, couples, working people and males and this activity will therefore address the gender inequality in access to CT.

The Community Flexi-hour CT Centers focus on outreach activities in the community (sports clubs, youth clubs, church organizations, local small businesses) and individual households. The Centers aim to raise awareness about HIV and to promote CT. Six Community Flexi-hour CT Centers will be established through contracts with existing NGOs already employing CT counselors deployed to health facilities. NGOs should have the capacity to manage the service and to sustain the initiative in the long term. Project staff will be employed to run the CT centers in partnership with the NGO. Each center will be staffed by (a) a professional nurse who will manage the center, oversee HIV testing and test if required; (b) an enrolled nurse who will do HIV and TB testing; and (c) three to four CT counselors who will provide pre- and post-test counseling, symptomatic screening for TB and be responsible for health promotion in the community and at the center. Staff will be responsible for mobilizing the community to utilize the service, for provision of the service at the site and on an outreach basis and for routine data collation.

A database will be established at each site to collect and collate routine client information, including demographics, referral source to the center (from community drama events, school initiatives, household interventions etc), HIV test results, TB screening and referral to clinics. The Monitoring and Evaluation (M&E) manager will undertake data validation, quality control, data collation across sites and evaluation of data. A mentor will provide support to staff at these sites through case discussions, debriefing, stress management and team building. The mentor will visit sites every two weeks.

Symptomatic screening for TB will be undertaken during CT at the Community Flexi-hour CT Centers. Counselors will be trained to implement a simple screening tool that is used in health facilities in the Western Cape. Symptomatic clients will have sputa collected and the nurses at centers will use standard national diagnostic algorithms to diagnose TB. Those diagnosed positive will be referred to local clinics to commence TB treatment. Feedback loops from clinics will be used to minimize primary TB treatment default rates. Project staff will monitor the referral process to ensure timely visits and back-referral. Approximately 15% of clients with newly detected HIV infection will have active TB disease. Community Flexi-hour CT Centers will be regarded as a "ward" of the established health facility. Although Community Flexi-hour CT Centers will not be situated on the grounds of a health facility, they will be linked to formal structures, ensuring appropriate patient referrals to treatment, care and support, and ultimately, helping to ensure sustainability. Close links will be maintained between the Community Flexi-hour CT Centers and the Sub-District Management Team to ensure good communication and feedback and to address referral issues.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13865, 13864

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13865	13865.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$194,000
13864	8183.08	6636	4746.08	Desmond Tutu TB Centre	University of Stellenbosch, South Africa	$1,594,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	42	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	19,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 216.08

Mechanism: ACQUIRE

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 7983.08

Planned Funds: $290,000

Activity System ID: 13778

Activity Narrative: SUMMARY:

EngenderHealth's Men as Partners (MAP) program works to reduce the spread and impact of HIV and gender-based violence by challenging unhealthy gender-related beliefs and attitudes, such as equating masculinity with dominance over women, pursuing multiple sexual partners, and participating in other HIV risk behaviors. The MAP program utilizes a range of strategies including skills-building workshops, community mobilization, health service provider training, media advocacy and public policy advocacy efforts to achieve its major goal of gender norm transformation to reduce the spread and impact of HIV and gender -based violence. MAP recognizes that this transformation will assist men and women in achieving low-risk behavior such as sexual abstinence, being faithful to one partner, using condoms consistently and correctly, reducing the numbers of sexual partners, and treating women as equals. MAP works with individual men and boys, their romantic partners, as well as community structures to influence culture and transform lives. In addition, MAP targets in and out-of-school youth, university students, adults, people living with HIV, caregivers, community and religious leaders, program managers, public healthcare providers, and community-based, faith-based and non-governmental organizations (CBOs, FBOs, NGOs).

BACKGROUND:

Since 1998, EngenderHealth has received USG funding to support CBOs, FBOs and the South African government to implement MAP programming. EngenderHealth's core strategy is conducting skills-building workshops on gender norm transformation. Through these workshops, MAP develops "transformation agents" (peer educators) who then spread MAP messages and skills from the workshops to others in their communities. These workshops are tailor-made for various communities, integrating abstinence/be faithful messages and/or condoms and other prevention messages, as well motivating men to know their HIV status and to take action if they test positive for HIV. MAP encourages men to take action in their communities, challenging other men who are practicing high-risk behaviors and gender-based violence. Working through various community-based partners, MAP also mobilizes communities to take action via community education events and the formation of "community action teams" (CATs). EngenderHealth/MAP also produces behavior change communication materials that are used to motivate men and boys to address these harmful gender norms and transform themselves. Currently, EngenderHealth is running the “I am a Partner” campaign; focusing on defining what men can do to take action and be more gender equitable to reduce the spread and impact of HIV. (See www.iamapartner.org). Working through national campaigns, such as the annual Men as Partners (MAP) Week, EngenderHealth engages national, private sector, media, and government partners to increase the effectiveness of MAP. Finally, EngenderHealth staff coordinate provincial MAP Networks, creating a space for gender activists to share lessons learned, and formulating a platform for national advocacy efforts, such as participating in the development and adoption of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011.

Recently, EngenderHealth developed additional programming linked to voluntary counseling and testing and palliative care. In 2006, EngenderHealth carried out research to investigate why men were not testing for HIV. In response to the findings of this research, EngenderHealth created a counseling and testing (CT) program consisting of a mobile vehicle that focuses on getting men to test. In addition, it has become apparent that more men need palliative care. Thus, EngenderHealth has recently launched a program to meet the specific needs of men dealing with the stigma and stress of living with HIV, as well as other issues related to gender norm transformation.

ACTIVITY 1: University Based Counseling and Testing

EngenderHealth will continue to support CT that has been provided on five government-supported university campuses to increase access to young men and women. Using PEPFAR funds, EngenderHealth will expand these services to three additional universities outside the Western Cape. Transformation Agents (peer educators) will be trained, according to South African Government (SAG) guidelines, to promote CT through workshops and community mobilization on campuses. It is estimated that EngenderHealth will reach more than 100 students per month per campus with these activities. EngenderHealth will also use a mobile CT unit, staffed with professional nurses and counselors as per SAG guidelines, to provide CT services on campuses. Education materials, which will also comply with SAG policies, will be designed, developed, and tested to spread the message. A monitoring and evaluation system will be developed and utilized to track the effectiveness of the activities on campuses.

Students will be referred for TB screening and for CD4 count and ARV services when necessary. This activity consists of three components: (a) provide support to CT sites at eight tertiary institutions through sub-agreements; (b) develop referral systems to CT sites; and promote CT among students. Activities will also include training of counselors, with a focus on gender counseling, couple counseling, and stigma reduction. Additionally, CT outreach days will be organized to introduce CT to the wider campus population, reaching those who do not use the who do not use the university health clinic. During these outreach days, testing booths and the mobile CT unit will be will be placed at strategic points throughout the campuses and CT services offered to all. These booths will be designed to ensure confidentiality. Posters, posters, campus radio, and other media will be used to attract students. Referral systems for HIV-infected students to existing support groups and media services will be established, and those students testing negative will receive reinforced prevention messages. EngenderHealth will collaborate with the universities’ health services to help build sustainable programming.

ACTIVITY 2: Community-Based Counseling and Testing

EngenderHealth will expand their reach of CT services through additional mobile testing drives. Special community CT drives promote CT services to men in the community. EngenderHealth will team up with its MAP partners in Gauteng, Limpopo, KwaZulu-Natal, North West, and Western Cape to sponsor community CT drives. EngenderHealth's mobile clinic is designed to ensure confidentiality. Experience has shown that mobile testing will attract a large number of people who would not usually visit clinics. This activity will improve and expand on the work already conducted in the inner-city area of Johannesburg. In addition to the nurses, male Transformation Agents (peer educators) have been trained on gender-specific counseling, couple counseling, and stigma reduction. All training has been approved by the South African government. Referral systems for HIV-infected people to existing support and medical groups will be established, and those testing negative will receive reinforced prevention messages. A follow up system will be established

Activity Narrative: to ensure that those referred to get the necessary services. EngenderHealth will also sub-contract the Township AIDS Project to provide additional confidential male-friendly mobile CT testing throughout Gauteng.

ACTIVITY 3: Health Service Provider Training

EngenderHealth will train public sector healthcare providers in Gauteng and Western Cape. Training will adhere to South African government policies, and will aim to improve CT services, taking into account male-specific needs. By linking with the public sector, EngenderHealth intends to build more sustainable programs. The improvement of services will, in turn, increase men's utilization of HIV services, CT, TB screening, antiretroviral treatment uptake and adherence, and their support for their partners' participation in these services, especially prevention of mother-to-child transmission (PMTCT). EngenderHealth's programs will also improve the quality and availability of male-friendly HIV services. Staff will focus on key target areas, linking its prevention and palliative care programs to these CT efforts. Staff expect to conduct quarterly training, reaching at least 30-40 providers per training.

ACTIVITY 4: National and Local Government Key Stakeholder Program

Using the CT mobile unit, EngenderHealth will provide CT services to outlets at public sector institutions, such as the South African Police Services. Working through these government offices and linkages with communities, CT services will be provided to encourage more men to know their status. The CT mobile unit will be available at community events, government workplace HIV and AIDS awareness days, and other important events. Employees and community members will be encouraged to test. EngenderHealth recognizes the importance of public sector partnerships on the sustainability of such programming. On a monthly basis, CT drives will be take place in various parts of Gauteng, Limpopo, Northwest and KZN provinces.

ACTIVITY 5: Monitoring and Evaluation

EngenderHealth staff will continue to monitor and evaluate the project through various process and impact assessments. Specific monitoring plans have been developed to assess CT programs. Each training session and community event is documented, and knowledge and attitudinal shifts among participants is examined.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7983

Related Activity: 13775, 13776, 13777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22771	7983.22771.09	U.S. Agency for International Development	Engender Health	9791	216.09	RESPOND	$253,406
7983	7983.07	U.S. Agency for International Development	Engender Health	4469	216.07		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13775	2919.08	6604	216.08	ACQUIRE	Engender Health	$690,000
13776	2920.08	6604	216.08	ACQUIRE	Engender Health	$520,000
13777	12371.08	6604	216.08	ACQUIRE	Engender Health	$325,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	13,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4653.08	**Mechanism:**	CDC VCT
Prime Partner:	University Research Corporation, LLC	**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:	7991.08	**Planned Funds:**	$1,940,000
Activity System ID:	13906		

Activity Narrative: SUMMARY:

University Research Co., LLC (URC) works with the national and provincial Departments of Health in South Africa to expand access to and uptake of HIV testing and counseling. URC's major strategy is to assist NDOH/PDOHs in implementing provider-initiated HIV testing, with the option to opt-out, to reduce missed opportunities for HIV identification and further spread of HIV in the country. URC will use a collaborative approach for rapidly expanding the HIV testing services. The approach will include integrating HIV testing with antenatal care, sexually transmitted infections (STI), tuberculosis (TB), family planning (FP) and general clinical service areas. Training of program managers and healthcare providers in strategies to expand uptake of HIV testing and counseling rapidly will be a focus. URC will place temporary clinical staff to provide HIV testing in high volume facilities where current staff are unable to meet the demand for testing, thus ensuring that HIV clients are referred for onward treatment and support services. Finally URC will strength supervision and monitoring systems to ensure provision of high quality HIV testing. Support will also be provided to improve recording and reporting systems for HIV testing at all levels. The major emphasis area is local organization capacity development, with minor emphasis on quality assurance and supportive supervision, network/linkages/referral systems, and training. The activity targets public health workers, community-based organizations (CBOs) and faith-based organizations (FBOs), program managers and community volunteers, youth and adults, and STI, TB, and general clinic attendees.

BACKGROUND:

Uptake of HIV testing remains low due to limited provision of this service at most facilities, staff shortages as well as stigma and perceptions about poor follow-up and treatment options available for people with HIV and AIDS. Since 2006, URC has been working through a CDC-funded program to expand uptake of HIV testing at healthcare facilities in five provinces (Mpumalanga, KwaZulu-Natal, Limpopo, North West, and Eastern Cape) to increase uptake of HIV testing. The basic strategy is to help healthcare facilities introduce provider-initiated HIV testing and counseling as referred to in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. This is being achieved by integrating provider-initiated HIV testing, with the option to opt-out, with TB, STI, FP, antenatal care and other general clinical services targeting both adults and youth. In FY 2008, URC will continue using the district-based HIV testing expansion model whereby public healthcare facilities will be assisted to increase uptake of HIV testing through direct provision of high quality provider-initiated services as well as through referrals to CT where direct HIV testing provision is not possible. In clinics that lack the requisite number of staff or the existing staff do not have the appropriate skills for initiating HIV testing; URC will place temporary staff (counselors and testers) to roll out the HIV testing services. The maximum duration of temporary staff assignments to a facility will not exceed six months. URC will develop the capacity of healthcare workers in their ability to provide high quality provider-initiated CT services, including post-test counseling for HIV-infected and uninfected persons.

ACTIVITIES AND EXPECTED RESULTS:

URC will carry out eight separate activities in FY 2008.

ACTIVITY 1: Assist NDOH to Streamline Policies and Develop Guidelines on Provider-initiated HIV Testing and Counseling

URC will work with the National Department of Health (NDOH) to develop a policy framework to streamline the integration of provider-initiated HIV testing in clinical settings. URC will support policy dialogue workshops at national and provincial levels to expedite the development of the policy framework as well as operational plans.

ACTIVITY 2: Develop District-based HIV Testing Expansion Strategy

URC, in consultation with provincial health offices, will identify target districts for HIV testing rollout. All facilities in a district will be covered under URC's HIV testing expansion program. URC will assist each focus district in developing a strategy for increasing uptake of provider-initiated HIV testing services. A typical strategy will include the following elements: (a) training facility staff in provision of HIV testing services; (b) monitoring key performance indicators (number of people trained; number of people who receive the HIV testing services, number of HIV-infected people referred for onward treatment and support services percent of providers who follow national guidelines for HIV testing and counseling; quality of testing services); (c) maintaining a training schedule (who will be trained, when will they be trained); and (d) supervising and mentoring (who will be responsible for providing supervision and mentoring to facilities to ensure the HIV testing is being integrated and the quality of services are per national standards, etc.). Each district will establish a HIV testing expansion team representing HIV, maternal and child health, TB, and STI directorates. These teams will be responsible for reviewing results every three months to determine if HIV expansion strategies are producing desired results.

ACTIVITY 3: Establish Baseline HIV Testing and Counseling Uptake Levels in Each New Facility

URC staff will review clinic logs and patient records to establish baseline HIV testing uptake, and referrals for antiretroviral treatment (ART) in various clinical settings (TB, STI, antenatal health clinic, etc.). These assessments will help the facility teams identify clinical services that are offering CT as well as the levels of uptake. The rapid assessments will also examine the quality of services that may be affecting the CT uptake. The assessments will target both service providers and CT clients (those who accept and those who opt-out). Observations, chart and record reviews, and interviews are some of the approaches that will be used for data collection.

ACTIVITY 4: Training

URC will work with the departments of health to train clinic staff (doctors, nurses, midwives, counselors, and testers) in provider-initiated HIV testing and counseling. Training will focus on how to provide basic pre-test information and how to provide post-test counseling to HIV-infected and uninfected persons. The training will also include a module on the management of provider-initiated HIV testing, which covers logistics, recording and reporting, referral systems for HIV testing (for sites that are unable to provide testing within their sites) and ART. Specific case studies will be presented and participants will work in groups to identify

Activity Narrative: gaps in CT services and suggest possible solutions. URC will provide job-aids, wall charts, and other needed materials to improve compliance with clinical and counseling guidelines.

ACTIVITY 5: Referrals and Linkages

Not all service providers or facilities will be able to offer HIV testing within their facilities. In such instances, URC will work with provincial and district departments of health to develop referral linkages to ensure that clients have easy access to services. URC will also develop linkages between CT sites and sites offering ARV treatment.

ACTIVITY 6: Community Linkages

URC will assist each participating healthcare facility to develop community linkages to increase awareness as well as uptake of HIV testing services. This will be done through building partnerships with local community- and faith-based organizations working in the catchments areas of clinics.

ACTIVITY 7: Compliance Audits

URC will conduct annual compliance assessments in a sample of participating facilities to assess whether the staff complies with the national HIV testing and counseling guidelines. These assessments will also examine the quality of performance data reported to the program.

ACTIVITY 8: Strengthening Quality Assurance and Supervision System

URC will train district and facility-level supervisors in quality assurance and quality improvement methods and facilitative supervision techniques for improving the quality of CT services. These activities are expected to increase uptake of HIV CT in 150 healthcare facilities (100 current and 50 new facilities) by assisting them to rapidly expand CT services. Facilities receiving URC assistance will provide HIV testing results to 100,000 men and women as a result of the integration of HIV CT with other high volume health services. URC will train 1,400 healthcare workers in CT integrated with antenatal care, TB, STI and general health services. By focusing on promoting the uptake of counseling and testing through community structures and increasing local capacity, URC will contribute to the PEPFAR goals of 10 million people in care and 7 million infections averted.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7991

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22837	7991.22837.09	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	9803	4653.09	CDC VCT	$1,601,022
7991	7991.07	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	4653	4653.07		$1,400,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	200	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	1,700	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	150,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas
Eastern Cape
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1201.08
Mechanism: QAP
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3114.08
Planned Funds: $446,200
Activity System ID: 13874

Activity Narrative: SUMMARY:

University Research Co., LLC/Quality Assurance Project (URC/QAP) will work in 140 South African Department of Health (DOH) facilities in five provinces to improve the quality of provider-initiated testing and counseling (PITC) services through training, mentoring and introducing quality assurance (QA) tools and approaches. The essential elements of QA support include assuring technical compliance with evidence-based norms and standards, improving interpersonal communication and counseling, and increasing organizational efficiency. The major emphasis area for this activity is quality assurance/supportive supervision with minor emphasis on development of network/linkages/referral systems, training and needs assessment. The activity targets public health workers, community-based organizations (CBOs), faith-based organizations (FBOs), program managers, community volunteers, children, youth, adults, family planning clients, and pregnant women.

BACKGROUND:

URC/QAP has been supporting DOH facilities in five provinces (Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga, and North West) to improve CT services. The focus of this activity has been on improving counseling skills, as well as better integration of CT in several high-volume services. South Africa continues to face major problems in increasing CT uptake among high-risk groups. Stigma, as well as fear of knowing one's HIV status, remains primary reasons for low uptake of CT. In addition, most men do not visit health centers unless they are very sick, resulting in a low number of men requesting CT. URC/QAP will increase the awareness about CT among communities by creating linkages between public and community-based facilities, and by actively promoting strategies that involve men. Integrating HIV and AIDS services with other high volume and problem-prone health services such as antenatal care, family planning, sexually transmitted infection services, as well as other curative health services, will improve social mobilization and public awareness.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with facilities to identify a core team representing staff from various clinical services. The facility-based teams, with support from URC/QAP and DOH staff, will be responsible for plans for improving uptake of quality of CT services in various clinical settings. Each facility team will conduct a rapid baseline assessment (if this has not already been completed) to identify quality gaps in current CT services. The facility teams will use these assessments and QA tools to develop and implement the quality improvement plan. URC/QAP will assist facility teams in developing strategic plans for improving access to and quality of CT services. PICT services will be linked with high-volume and problem-prone services, such as TB, STI, FP, and antenatal care services, which have large proportions of HIV-infected clinic attendees. URC/QAP will also integrate routine HIV testing services, thereby increasing access to CT in all clinical settings. Emphasis will be placed on increasing recruitment of couples and families, including children and adolescents, to CT services. Facility staff will promote access and availability of confidential HIV testing, ensure that HIV testing is informed and voluntary, ensure effective and prompt provision of test results for all clients who undergo HIV testing, utilize a prevention counseling approach aimed at personal risk reduction for HIV-infected persons and those who have a higher risk of HIV exposure. URC/QAP will ensure that all facility staff are aware that HIV prevention counseling should focus on the client's unique personal circumstances and risk, and counseling should help the client set and reach an explicit behavior-change goal to reduce the chance of acquiring or transmitting HIV.

ACTIVITY 2: Human Capacity Development

Staff will receive QA training which will include specifics on CT quality, the meaning of quality in services, and compliance with national guidelines. Emphasis will be placed on the indicators used to monitor clinical performance, such as the presence of guidelines at facility level or the knowledge and skills of counselors. Specific case studies will be presented during the training, and participants will work in groups to identify quality gaps and suggest possible solutions. URC/QAP will provide job-aids such as wall charts to improve compliance with clinical and counseling guidelines. URC/QAP will visit each facility and CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving skills of CT and other high-volume clinical service staff on HIV counseling and referring. During these visits, URC/QAP will also review program performance data.

ACTIVITY 3: Referrals and Linkages

URC/QAP is working on a continuum of care model for all HIV-infected persons. The model emphasizes the identification and early referral of all people living with HIV (PLHIV) to care, treatment, and other support services. As part of this mandate, URC/QAP works to link different levels of care (facility, CBO, FBO, home-based organization) and different services to minimize missed opportunities. To ensure that CT is widely available, various innovative CT approaches -- such as family-based, door-to-door, community-based, outreach services, youth focused and within home-based care -- will be incorporated into existing programs. URC/QAP will continue to expand this focus and promote available methods for prevention for all clients, including a specific focus on discordant couples. In addition, URC/QAP will continue to work with local CBOs and FBOs to increase community outreach and support for knowing one's HIV status. URC/QAP will train facility, CBO and FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use site-specific data to see if the interventions are increasing uptake of basic healthcare and support services on a monthly basis.

ACTIVITY 4: Building Sustainability

URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of CT services. URC/QAP has begun the process of reviewing the national CT guidelines and evaluating the quality of CT at facility level, in partnership with the provincial health departments at all levels. This will be a key focus area in the next 12 months. To ensure the quality and reliability of data obtained at all QAP supported sites, it has been necessary to ensure uniform reporting structures, with the introduction of QAP-specific data collection tools. Only URC/QAP staff utilize these

Activity Narrative: tools, as DOH facility staff have their own reporting registers which are facility and district specific. URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether the staff are in compliance with the NDOH CT guidelines. At least once a year, sample-based surveys will be undertaken in a small number of QAP and non-QAP sites to assess the differences in compliance and other performance indicators.

URC/QAP will assist PEPFAR in reaching the vision outlined in the South Africa Five-Year Strategy by increasing access to CT services. URC/QAP work contributes to the PEPFAR goal of providing care to 10 million people affected by HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7432

Related Activity: 13871, 13872, 13873, 13875, 13876

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23891	3114.23891.09	U.S. Agency for International Development	University Research Corporation, LLC	10307	1201.09	HCI	$389,896
7432	3114.07	U.S. Agency for International Development	University Research Corporation, LLC	4415	1201.07	QAP	$460,000
3114	3114.06	U.S. Agency for International Development	University Research Corporation, LLC	2713	1201.06		$160,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13871	3111.08	6639	1201.08	QAP	University Research Corporation, LLC	$485,000
13872	3109.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,000,000
13873	3110.08	6639	1201.08	QAP	University Research Corporation, LLC	$751,750
13875	3108.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,463,800
13876	13876.08	6639	1201.08	QAP	University Research Corporation, LLC	$727,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	140	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	250	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4632.08	**Mechanism:**	N/A
Prime Partner:	South African Clothing & Textile Workers' Union	**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:	7932.08	**Planned Funds:**	$1,000,000

Activity System ID: 13819

Activity Narrative: SUMMARY:

This activity will provide access to comprehensive voluntary counseling and testing (CT) services in five provinces with initial emphasis in KwaZulu Natal. The Southern African Clothing and Textile Workers Union (SACTWU) program will provide training, support and supervision to CT counselors. SACTWU has five existing CT sites and intends to establish two additional sites in KwaZulu-Natal and one site in Western Cape, the two provinces with the largest union membership. Target populations include factory workers, nurses and other healthcare workers. CT services will be on site at the factory health facility.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers. SACTWU members form part of the economically active population that has been identified as hardest hit by the epidemic and, due to work constraints, cannot access offsite CT services. Onsite services allows access to all employees including the nearly 66% of SACTWU's membership which is female.

SACTWU has a membership of approximately 110,000 members nationally. The SACTWU AIDS Project is a national program that provides services in five provinces, KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The SACTWU AIDS Project was initiated in 1998 and developed into a national comprehensive program. Prior to FY 2007 SACTWU received PEPFAR funding as a sub-grant from the Solidarity Center. The voluntary counseling and testing (CT) program was initiated in June 2002 and is ongoing nationally, and received PEPFAR funding in FY 2006 through the sub-agreement. In FY 2007, SACTWU became a prime partner and received direct funding to scale up services in KwaZulu-Natal.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building for Counseling and Testing (CT) Services

This activity will provide access to workplace CT services for SACTWU members and their dependents who are members of the communities in the five provinces, starting in KwaZulu-Natal. SACTWU has three general settings for service delivery: (1) the clinic setting, (2) the regional office setting, and (3) stand-alone sites within factory-based settings. This project, however, emphasizes is on the factory-based health facility setting. The program also includes training, support and supervision of CT counselors using the National Department of Health (NDOH) training model. PEPFAR funds will be used for human resources to employ nurses and counselors who will provide CT services, infrastructure (minor refurbishment), procurement of test kits, quality assurance using NDOH guidelines and supportive supervision and capacity development of the counselors. The nurses will provide a rapid test while lay counselors will perform pre- and post-test counseling. The site will be a down-referral site for ART and provide dispensing for antiretroviral treatment (ART) and care/support services. Initiation of ART will be done in nearby hospital accredited ART sites.

SACTWU will train lay counselors to provide CT services. The target group for this activity is shop-stewards, industry healthcare practitioners, and volunteers. The training includes pre- and post-training assessments.

ACTIVITY 2: Commodity Procurement

SACTWU will purchase rapid test kits and other expendable materials from a competitive pharmaceutical supplier. Purchasing staff will make sure that the tests used are recommended by the NDOH. Quality assurance testing will be done in compliance with national guidelines.

In FY 2008 SACTWU will expand the CT program to two new sites in KwaZulu-Natal. The national campaign among clothing and textile workers will be increased significantly with the additional funding. Community and Family members are also eligible for CT at the SACTWU sites.

The SACTWU activities contribute to the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7932

Related Activity: 13818, 13821, 13820

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22863	7932.22863.09	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	9808	4632.09		$699,051
7932	7932.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13818	7933.08	6624	4632.08		South African Clothing & Textile Workers' Union	$125,000
13821	13821.08	6624	4632.08		South African Clothing & Textile Workers' Union	$300,000
13820	7934.08	6624	4632.08		South African Clothing & Textile Workers' Union	$450,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	274.08	**Mechanism:**	Masibambisane 1
Prime Partner:	South African Military Health Service	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	2982.08	**Planned Funds:**	$50,000
Activity System ID:	13827		

Activity Narrative: SUMMARY:

Counseling and testing is a critical point of entry to care and treatment services, supports HIV prevention, and is a pivotal component in the South African Department of Defense (SADOD) plan for the Comprehensive Care, Management and Treatment of HIV and AIDS. The South African Military Health Service has a scheduled health-monitoring program that includes HIV testing with pre- and post-test counseling. Many of the regions have opted for the establishment of a centralized health assessment and counseling and testing center. Routine counseling and testing (RCT) will be offered as an expansion to counseling and testing (CT) for individuals as part of sexually transmitted infection (STI) consultations, pregnant women and couples who plan a family, and CT performed as part of differential and TB diagnoses. Individuals themselves will make voluntary counseling and testing (VCT) requests.

CT has a positive impact on HIV prevention, and the advantages of early identification and management of HIV-infected individuals has been shown. This program area is supported through the development and sourcing of media items, pamphlets and posters to encourage members and dependants to request or accept an HIV test if they do not know their status or if they have been exposed to an activity with a high risk of HIV transmission.

One of the major obstacles to requests for and acceptance of CT is stigma and discrimination, and further support towards this program area is provided through the development and sourcing of media items, pamphlets, and posters towards the establishment of a non-discriminatory organizational environment. This includes media products aimed at informing members of the SADOD on the organizational HIV and AIDS policy and strategy, as well as the management of HIV and AIDS in the SADOD.

The primary emphasis area of this activity is infrastructure development, and minor emphasis is given to human resources, strategic information and training. Specific target populations include military personnel, children and youth (non-OVC), men and women of reproductive age, doctors, nurses and healthcare workers.

BACKGROUND:

The military community is considered a high risk group due to various factors that include foreign deployments and high mobility. CT provides an opportunity for prevention to both infected and uninfected individuals. This activity is ongoing. FY 2006 PEPFAR funds were used for renovations and upgrade of three centralized counseling and testing centers, and for training of healthcare workers. These activities will continue during FY 2007 and FY 2008. Counseling and testing takes place at all military health care facilities and therefore it is essential that all healthcare workers are trained in CT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Offering of Routine Counseling and Testing/ Provider-initiated Testing and Counseling (PITC)

SADOD will upgrade healthcare facilities that will be used to provide confidential and effective HIV counseling and testing in highly populated military areas. Healthcare workers will be trained on PITC and RCT which will be supported by the development and printing of training material. SA DOD will develop information education and communication materials, which will be used to encourage members to accept an HIV test if they do not know their status, or, if they have been exposed to an activity with a high risk of HIV transmission. Best practices will be shared through attending PEPFAR CT partner meetings, publications in military and peer reviewed magazines and journals, and oral and poster presentations on effective and innovative programs at conferences and seminars.

Counseling and testing centers will be established using PEPFAR funding. These centers will enable confidential and effective CT for HIV, and in addition, will provide venues for the training of healthcare professionals in CT. Training will continue during FY 2007 and FY 2008. Supportive media campaigns will be established, and these campaigns will encourage voluntary requests for, and uptake of HIV testing. Uptake of counseling and testing services will be monitored and evaluated through the HIV Monitoring and Evaluation (M&E) plan of the SADOD HIV and AIDS program. The impact of media on the reduction of stigma and discrimination is monitored through the annual Knowledge, Attitudes, and Practices (KAP) survey that is a sub-component of the M&E plan.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7443

Related Activity: 13822, 13823, 13824, 13825, 13826, 13828, 13829, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22787	2982.22787.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$48,545
7443	2982.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$50,000
2982	2982.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 519.08
Mechanism: N/A
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
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: 3070.08
Planned Funds: $150,000
Activity System ID: 13856

Activity Narrative: SUMMARY:

The University of KwaZulu-Natal (UKZN) Nelson Mandela School of Medicine (NMSM) is using PEPFAR funds to support the implementation and refinement of common clinical guidelines for HIV and AIDS management by traditional healers. Specific activities include (1) the standardization of HIV clinical staging for traditional healers; (2) collaborative introduction of patient record keeping, monthly data sheets and data transfer to the Medical School; and (3) provision of basic medical supplies to trained healers. The main emphasis area is first in training, with minor emphasis placed on human resources, logistics, policy and guidelines, quality assurance and supportive supervision, and strategic information. The target population includes Traditional Health Practitioners (THPs) in the private and public sector who are members of the KwaZulu-Natal (KZN) and Ethekwini Traditional Health Practitioner Councils.

BACKGROUND:

UKZN has an ongoing collaboration with associations of traditional healers in rural areas of Ethekwini District. Traditional healers are extremely influential and are a largely untapped resource in HIV prevention and mitigation on the community level. These activities began in August 2005 with the arrival of FY 2005 PEPFAR funding. NMSM is implementing the project in collaboration with the KZN and Ethekwini Traditional Healer Councils, with the eThekwini Health Unit, and the eThekwini District Health Office of the KZN Department of Health.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Training will be provided through workshops run by the project training team (including senior traditional healers). The training includes sections on pre-pre-test counseling and post-post-test counseling, as the THPs work with patients whom they themselves refer for CT, and with many who consult THPs after receiving CT test results, seeking advice and counsel.

THPs on the project work both with HIV-infected patients who do not yet qualify for ART (CD4 count is too high), or patients who are already on ART, or on the waiting list for ART. Clinicians on the project and senior THPs who are part of the training team work with THPs in the project to ensure optimum management of these patients, and timely referrals and follow-up.

ACTIVITY 2: Referrals

NMSM is works closely with South African government colleagues to establish viable bi-directional referral pathways (including referral forms); and to formalize and enhance current events. This referral system includes referral for CT services. NMSM is working with the government to ensure that these referrals are captured in the Health Information System. Although public health staff are not currently permitted under the law to refer patients to THPs, the NMSM has developed a referral form in collaboration with the THPs and the government. This form permits the clinics to acknowledge receipt of the referred patient and to note whether the patient was assisted at the public health facility, and by whom. Patients can, and frequently do return to THPs.

ACTIVITY 3: Monitoring and Evaluation

A team of data monitors visit the THPs on an ongoing basis to collect patient record system data. This data includes information on whether patients have been referred for CT, whether patients have come to THPs with test results, whether the patients qualify for ART, whether they are on ART, and how the THP manages all of these patients. This data is entered into the project database. The project is also working on a process with local government to assure that referrals captured into the Health Information System will be communicated to the project team and captured in the project database. This will assist in determining the success of referrals for CT and ART.

Explanation of Training Activities

C&T 08 Explanation of Training Activities

1) Who is the target audience for the training?
The target audience for the training is the traditional health practitioners (THPs) enrolled in the project.
2) How will the training be used (e.g., trainees will become trainers, implement activities, supervise, etc.)?
Primarily the training is used by the trainees to enhance their work with their patients. The objective is to provide THPs with the requisite skills to counsel their patients on the advisability of getting tested for HIV, when appropriate, and to counsel those patients who have received HIV tests, whether positive or negative.
3) What topics are covered?
The training is part of the larger training program run by the project, which includes detailed understanding of what HIV is, where it came from, how it is transmitted from person to person (through all possible routes), and how to prevent its transmission. In this context, the necessity and advisability of HIV testing is explained, and the details of the testing procedure and technology are explained to THPs, so that they can clearly explain it to their patients. For Counseling purposes, the implications of positive and negative tests are covered. The patient response pattern acronym DABDA (Denial, Anger, Bargaining, Depression, Acceptance) is discussed and explored. The dangers of pre-existing depression, the necessity of partner notification, the implications for family income and welfare are explored in the context of the type of patients and the type of care and counseling given by THPs and expected of them by their patients.
A. The CT training session explains what the normal CT protocol is that patients can expect at CT clinic: What is CT, Benefits of CT, Stages in Voluntary Testing and Counseling, Rapid HIV Test used in South Africa, and Educating patients with HIV positive results
B. The ARV training session topics are Introduction, Goals of ART, Classes of ART, Side Effects, TB and ART, Adherence, Resistance, and AIDS treatment for Children
4) What is the duration of the training?
The specific C&T section forms part of one day during the five day HIV& AIDS training course run by the

Activity Narrative: project. But the related information, including information on ARV management and side effects, Opportunistic Infections and their management, and other relevant topics are covered during the week.

5) How frequent is the training offered?
The training is currently offered in alternate months.
6) Who is conducting the training?
The training team consists of the Project Coordinator and Co-PI who coordinates the training and specifically teaches the section on Origins, What is a Virus, how is it transmitted, and how does it cause disease.
The Clinical Coordinator and head of the Dept. of Family Medicine, teaches on clinical management of HIV infected patients (Opportunistic Infections).
The Senior Nurse, who also has over 3 decades of experience in nursing and provides many practical examples of the advantages of prevention and culturally successful ways to deliver the message. This nurse, a native Zulu speaker, also provides translation for the Project Coordinator and the Clinical Coordinator.
Three Traditional Healers, who have years of experience in HIV & AIDS education.
A Masters-level public health specialist who assists with translation and cultural understanding.
Additional senior leaders from the traditional healer project team members ("sub-district coordinators") who assist in ensuring that their fellow healers understand the training content..

7) Is the training curriculum accredited by the South African Qualifications Authority (SAQA)? No
8) How do you assess training quality assurance? Pre- and post-workshop assessment questionnaires at refresher trainings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7425

Related Activity: 13851, 13852, 13853, 13854, 13855

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22738	3070.22738.09	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	9781	519.09		$0
7425	3070.07	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	4414	519.07	Traditional Healers Project	$250,000
3070	3070.06	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	2695	519.06	Traditional Healers Project	$375,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13851	9083.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$750,000
13852	3067.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$100,000
13853	3068.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$200,000
13854	3069.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$250,000
13855	6421.08	6633	519.08		University of KwaZulu-Natal, Nelson Mandela School of Medicine	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	250	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,330	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4762.08

Mechanism: N/A

Prime Partner: Ubuntu Education Fund

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: 8265.08

Planned Funds: $75,000

Activity System ID: 13850

Activity Narrative: SUMMARY:

Ubuntu Education Fund (Ubuntu) will expand and improve comprehensive counseling and testing (CT) linked to prevention, care and treatment services at two clinic sites and a freestanding site, which will be a part of Ubuntu's multi-purpose community center in Port Elizabeth, Eastern Cape. Emphasis areas include increasing gender equity in HIV and AIDS programs. Target populations include children under 5, children 5 -9, adolescents 10-14, adolescents 15-24, adults 25 and over, persons who engage in transactional sex, but who do not identify as persons in sex work, street youth, discordant couples, people living with HIV, pregnant women, and orphans and vulnerable children (OVC).

In order to target high-risk groups that are statistically less likely to visit clinicmobile CT will be done in every quarter. Target populations include out-of-school youth and men, For the past six years, Ubuntu has provided targeted HIV prevention community outreach activities in the townships of Port Elizabeth. Ubuntu has a comparative advantage in the community with its great capacity to gather large groups of community members and then provide testing in the community

BACKGROUND:

In 2005, Ubuntu began providing comprehensive CT and access to care and treatment services at KwaZakhele Day Hospital, a large outpatient public healthcare center located in the middle of an informal settlement. Counseling and testing (CT) services are linked to community outreach in and around the clinic, and focus on CT uptake and treatment availability. CT counselors are trained to provide family and couple counseling, and risk reduction counseling to clients who test HIV positive. Counselors assist with partner referrals to reduce onward HIV transmission and ensure access to prevention of mother-to-child transmission (PMTCT) services. Clients who test negative, but who display high-risk behavior, also receive risk reduction counseling. CT counselors ensure that clients testing seropositive receive CD4 testing and obtain their results. Counselors enroll HIV-infected clients into Ubuntu's comprehensive family case management program providing care and support services. The district and provincial health departments support Ubuntu's strategy to work with and capacitate public clinics and hospitals to support CT uptake. CT counselors received a 10-day training from Hope Worldwide that meets national and international standards.

Ubuntu became a PEPFAR partner in FY 2007 and has only recently received funds so does not yet have PEPFAR-funded results to report.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Expansion of CT

This activity builds on existing services at KwaZakhele Day Hospital and serves as an entry point to comprehensive HIV and AIDS care services at public clinics. In FY 2008 Ubuntu will expand CT services to Zwide Clinic. There will be three CT staff at each of the two sites; staff will consist of a professional nurse skilled in HIV management and two CT counselors on site. Mobile CT will be done every quarter targeting youth during school holidays. All sites feed into Dora Nginza Hospital. The CT teams will be deployed full-time at the sites and their mandate will include in-service training, quality assurance and provision of technical support to ensure that patients receiving antenatal or family planning services, or presenting with AIDS-related opportunistic infections, are offered CT and integrated HIV management, particularly in antenatal and tuberculosis (TB) services. The professional nurse will provide technical support to nursing staff and clinic lay counselors.

In order to target high-risk groups which are statistically less likely to visit clinics, such as out of school youth and men, mobile CT will be done every quarter. For the past six years, Ubuntu has provided targeted HIV prevention community outreach activities in the townships of Port Elizabeth. Ubuntu has a comparative advantage in the community with its great capacity to gather large groups of community members and then provide testing in the community.

ACTIVITY 2: Expansion of Couple and Family Counseling

The Zwide Clinic team will build on their success in providing couple and family counseling, and in FY 2008 the team will focus on increasing male uptake of CT. Ubuntu reaches couples in two ways: (1) by conducting outreach to encourage couples to access CT; and (2) by requesting people testing seropositive to refer and accompany their partner(s) for CT. Ubuntu provides couple counseling sessions based on safer sex, family planning and supporting a partner living with HIV to discordant couples. Parents testing seropositive are asked to bring their children for CT, and OVC and children with parents who are enrolled in our HIV care services are routinely offered counseling and testing. Children are counseled and tested with their guardian's consent and in their presence. The CT program is fully integrated with treatment services at the clinic sites; CT counselors also provide treatment readiness and adherence counseling. These sites also manage pediatric HIV patients after they are referred back from the Paediatric ARV Unit at Dora Nginza Hospital. Children living with HIV are highly underserved in target areas and Ubuntu is pursuing every opportunity to identify them.

ACTIVITY 3: Counseling and Testing for Pregnant Women and Infants

Services also focus on uptake of PMTCT services by pregnant women. Pregnant women and infants must to be identified earlier for more timely enrolment into treatment. Women and infants enrolled in PMTCT programs are monitored to ensure compliance with PMTCT program that has been adapted by the National Department of Health. All babies born by HIV-infected mothers will get a routine polymerase chain reaction (PCR) test starting from six weeks after birth. CT staff develop risk reduction plans with the client as part of ongoing counseling, and this also serves to reduce onward HIV transmission and prevent HIV infection in individuals identified with as practicing higher risk behavior. Clients with symptomatic sexually transmitted infections (STIs) are referred to on-site treatment. Male and female condoms are available to all clients accessing CT. All clients testing seropositive are referred for CD4 testing, and referred for enrolment in treatment readiness if indicated. They are enrolled in Ubuntu's on-site care services including a support

Activity Narrative: group, food garden and family case management services. Clinic sites maintain a daily registry of all clients accessing pre- and post-test counseling disaggregated by gender, age, and test results. Results are collated monthly and submitted in standardized reports to the National Department of Health (NDOH).

ACTIVITY 4: Free-standing CT Site

In 2009 Ubuntu will open a free-standing CT center at the organization's offices in Zwide. Non-medical sites provide access to higher risk populations, particularly youth and men. The provincial and district health departments strongly support Ubuntu's initiation of non-clinic based CT provision. There is significant unmet demand for CT services especially in a non-specialized site that reduces stigma by providing other services and that ensures confidentiality and a youth-friendly approach. The CT center will be part of a community center providing an array of other programs including a health resource library, career center and computer laboratory. The CT center will be staffed by three full-time counselors and a professional nurse. The center will be open five days a week on a walk-in basis. The SAG has agreed to provide rapid test kits.

ACTIVITY 5: Referrals to On-site Care Services

Clients accessing CT services will be referred to on-site care services if they test seropositive. Ubuntu's care program is integrated with clinical services in HIV management including CD4 testing, ART readiness and adherence, ongoing psychosocial support and counseling, risk reduction and couple counseling, referrals to PMTCT, access to income grants, home-based care, nutritional support, support groups and referrals to other service providers. Ubuntu has developed strong referral partnerships to help establish a continuum of care for PLHIV and their families, and to coordinate access to service providers including clinics and hospitals, the Department of Social Development, the Department of Home Affairs, Childline, the Rape Crisis Centre at Dora Nginza Hospital, the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Family and Marriage Society of South Africa (FAMSA), community-based organizations, non-governmental organizations, community home-based care providers and hospice services.

Ubuntu's services will contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services for highly vulnerable populations to identify HIV-infected persons, reduce onward transmission of HIV between serodiscordant partners and from mother-to-child, and improve health and timely entry to ART through early diagnosis of HIV infection.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8265

Related Activity: 13846, 13847, 13848, 13849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22808	8265.22808.09	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	9796	4762.09		$72,818
8265	8265.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13846	8261.08	6632	4762.08		Ubuntu Education Fund	$200,000
13847	8266.08	6632	4762.08		Ubuntu Education Fund	$50,000
13848	8263.08	6632	4762.08		Ubuntu Education Fund	$75,000
13849	8272.08	6632	4762.08		Ubuntu Education Fund	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	15	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 520.08 **Mechanism:** CAPRISA Follow On

Prime Partner: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS

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: 3071.08

Planned Funds: $470,000

Activity System ID: 13858

Activity Narrative: The activities listed below are intended to be competed and awarded to a follow on partner to UKZN CAPRISA since that award is ending in FY 07.

SUMMARY:

Activities are carried out to support comprehensive counseling and testing (CT) services in the rural area of Vulindlela and the CAPRISA eThekwini Clinical Research Site, which is located next to the TB clinic in Durban. In addition, activities will involve the continuation of expanding CT among two high-risk groups at two established treatment sites in KwaZulu Natal. These high-risk groups include sexually transmitted infection (STI) patients, and an adolescent population in rural Vulindlela. This partner will follow the National Department of Health's recommended algorithm for rapid HIV testing.

The primary emphasis area for this activity is Human capacity development, with minor areas of emphasis on community mobilization and on information, education and communication. Specific target populations include children and youth (non-OVC), out-of-school youth and men and women of reproductive age.

BACKGROUND:

CAPRISA was established in 2002 as a not-for-profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases (NICD), and Columbia University. The headquarters of CAPRISA are located in the Doris Duke Medical Research Institute at the Nelson R. Mandela School of Medicine, University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected clients that were screened out of CAPRISA's other research studies.

The existing counseling and testing services at two treatment sites will be continued with FY 2007 funding. The strength of the current CAT program is that it provides an integrated package of prevention and treatment services and provides an innovative method of providing antiretroviral treatment (ART) by integrating the TB and HIV care at both an urban and rural site. In 2006, CAPRISA began offering counseling and testing services to two high-risk populations in order to enhance the uptake of counseling and testing in these populations. This service has enabled the CAT program to create a synergy between treatment and prevention services while simultaneously identifying high-risk HIV individuals to enhance their prevention potential through ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Voluntary Counseling and Testing

The voluntary counseling and testing (VCT) services will be continued in the rural primary care clinic in Vulindlela and the eThekwini Clinical Research Site based at the Prince Cyril Zulu Communicable Disease Centre (CDC) in Durban. All CT is currently offered in conjunction with an NGO, known as Open Door, to patients attending these two facilities. The CT that is offered includes prevention education and condom distribution.

ACTIVITY 2: Provider-Initiated Testing and Counseling

Provider-initiated testing and counseling (PITC) will be offered to all TB and STI patients at the Prince Cyril Zulu Communicable Diseases Centre (CDC). The Centre is a large local government clinic that provides free diagnosis and treatment of TB and sexually transmitted infections (STIs). Annually, approximately 4,000 cases of STIs, are treated at this clinic, with an average of about 135 STI patients per day. Given the high HIV prevalence of 63% in this group, these patients are a high-risk group for acquiring and transmitting HIV. The clinic sees approximately 8,000 TB patients per month, with a HIV/TB co-infection rate of approximately 65%. All patients attending both the STI clinic, as well as the TB clinic are routinely offered counseling and testing by the STI nurses and the health educators located in the TB facility. Male and female patients seeking STI or TB care at the clinic are offered group counseling and individual HIV testing. Those who test HIV positive are individually post-test counseled and referred for ongoing supportive counseling and medical care in the CAT program. The CAT program has partnered with a community-based organization, (CBO), TAI for the provision of health education, peer education and support to program participants. Although the TB clinic sees approximately 8,000 cases per month, more than 95% of these are repeat visits for either follow-up clinic visits, or X-Ray visits. Approximately 400 newly diagnosed TB patients are counseled each month. It is likely that the Centre will reach the target of 7,500 when efforts are combined with the STI patients and with the activities for adolescents described below.

ACTIVITY 3: Routine Testing for Adolescents

This program targets the adolescent population in rural Vulindlela. South African adolescents, particularly young women, are at high risk of acquiring HIV. Adolescents in the area, primarily those utilizing the primary healthcare services for antenatal, family planning or STI services are routinely offered counseling and testing. The counseling and testing is coordinated with other programs and projects in the area. In addition, youth peer educators have been integrated within this program.

Thus far, antiretroviral treatment rollout activities have targeted those people that are most accessible, like those people visiting health facilities. This implies that activities has have not met the challenge of using ART provision to enhance prevention, especially prevention in HIV-infected individuals. In FY 2008 CAPRISA plans to continue targeting the two high-risk groups with client and provider-initiated testing and counseling. The expanded counseling and testing program will continue to exploit the synergy that exists between the promotion of counseling and testing and availability of high-quality HIV care to enhance both prevention and treatment in TB patients, STI patients and adolescents. HIV-infected persons will be referred to the CAT Program for follow-up treatment and care. HIV negative persons will be referred to other CAPRISA, government or NGO prevention programs. Importantly, this strategy begins to address the ethical dilemma of how scarce resources for HIV can be used effectively by focusing on high-risk groups and utilizing access to ART to enhance counseling and testing for treatment and prevention.

Activity Narrative: During FY 2008, the expanded counseling and testing service will not require additional counselors or field workers. However, the counselors and fieldworkers will receive ongoing training in counseling with role-playing to ensure high quality counseling and testing. As part of an internal quality assurance process, a senior counselor often analyzes counseling sessions, and training is based on common areas of deficiencies identified. A constant review process has been established to reflect of reasons for refusal of uptake of CT, and strategies have been implemented to address common reasons for refusal. A high refusal rate for testing was initially seen by male patients counseled by female counselors, and this was addressed by having male counselors on hand to see male patients. In addition, regular debriefing sessions are scheduled to allow counselors suffering from burnout to distress and support one another.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services in order to identify HIV-infected persons and increase the number of persons receiving ARV services in three high risk groups; TB patients, STI patients and adolescents.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7496

Related Activity: 13857, 13862, 13859, 13860, 13950

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7496	3071.07	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	4441	520.07	CAPRISA NIH	$900,000
3071	3071.06	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	2696	520.06	CAPRISA NIH	$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13857	3814.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$239,500
13862	13862.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$291,000
13859	3073.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$1,906,300
13860	3072.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$2,180,200
13950	13950.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	55	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4757.08	**Mechanism:**	N/A
Prime Partner:	Project Support Association of Southern Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	8254.08	**Planned Funds:**	$300,000
Activity System ID:	13787		

Activity Narrative: SUMMARY:

The Project Support Association of Southern Africa (PSASA) will use FY 2007 funding to expand access to integrated services for HIV-infected and affected individuals in home-based care (HBC) programs by strengthening the linkages between HBC and voluntary counseling and testing (CT). This will be done by establishing referral mechanism with Family Health International's Mobile Support Units (MSU) and through strengthening referral systems with provincial Department of Health clinics. PSASA will refer HBC clients and community members to CT from underserved areas in Mpumalanga and KwaZulu-Natal provinces. The emphasis areas for the following activities are the development of network/linkages/referral systems, training and local capacity development. Target populations addressed are people living with HIV (PLHIV) and their families, health professionals, volunteers, and caregivers.

BACKGROUND:

PSASA is a non-profit organization who aims to create community partnerships prevent, mitigate, and alleviate the impact of HIV and AIDS. Home-based care programs are an integral component of this activity. Care at the home and community level is a strategy within the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. PSASA has established, and continues to support over 60 HBC programs. Many of these programs were established in partnership with the Mpumalanga Department of Health from 1998 onwards. In 2004, 127,614 clients received direct support from a PSASA project and more than 32,000 household members received training from community caregivers. Currently, PSASA will refer HBC clients to CT when a government clinic is nearby; however, much of the population lives in areas where access to CT is limited. These projects will be expanded under PEPFAR as part of PSASA's ongoing core activities. Tighter links between HBC and CT and antiretroviral treatment (ART) services will afford men and women the opportunity to improve their overall quality of life through integrated services. This project addresses the need to establish formal referral and follow-up mechanisms for CT and ART and other essential healthcare services in HBC programs. Through the use of MSUs, PSASA's referred clients will have better access to CT, diagnosis and treatment of sexually transmitted infections (STIs), ARV services, and family planning (FP). These integrated mobile services target HIV-infected individuals and their families, orphans and vulnerable children (OVC) and their families, HBC caregivers, as well as the surrounding communities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Counseling and Testing Referral

In close collaboration with the Mpumalanga Department of Health, PSASA will, through referral, expand access to quality integrated services for infected and affected individuals. Services that will be targeted for referral to MSUs will include CT, ARV services, and STI screening in rural and underserved areas. These projects in Mpumalanga, where existing home-based care programs are operating, will have limited associations with existing referral facilities such as private or government CT providers. A Testing Coordinator will provide training in CT referral, follow-up, and communication skills to each of the HBC Coordinators. Mentoring and didactic case scenarios will also be used. The HBC Coordinators will assist the HBC worker to counsel one person or family per week and encourage or refer them for CT. The testing will be conducted by FHI but the home-based care workers will provide follow-up counseling. PSASA will strengthen links between the HBC program and the CT facility in 37 municipalities where PSASA-run HBC programs will not be reached by the MSU and where government or private access to CT is available. A tracking system will be formalized to track CT referrals. HBC workers, of which many are traditional healers, will receive additional training in CT referral and follow-up. This will be augmented through CT mentorship and follow-up by project coordinators. PSASA will continue to provide ongoing basic care and support services for its clients and refer clients and their family members, OVC and their family members and community members for CT. In many cases, PSASA's home-based care workers will accompany individuals (with consent) for CT. Working with the Testing Coordinator, the PSASA home-based care workers conduct community outreach to promote CT.

These activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving counseling and testing and by increasing the number of people receiving ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8254

Related Activity: 13785, 13786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23043	8254.23043.09	U.S. Agency for International Development	Project Support Association of Southern Africa	9882	4757.09		$145,636
8254	8254.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13785	8250.08	6610	4757.08		Project Support Association of Southern Africa	$300,000
13786	8251.08	6610	4757.08		Project Support Association of Southern Africa	$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning
* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	600	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	40	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	600	False

Indirect Targets

An estimated 600 persons will be reached by the home-based care program to increase CT service uptake through a referral network.

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 271.08

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 2972.08

Planned Funds: $1,616,000

Activity System ID: 13795

Activity Narrative: SUMMARY:

Right to Care's PEPFAR program will be recompeted through an Annual Program Statement (APS) in 2008. Right to Care (RTC) will use FY 2008 PEPFAR funds to identify HIV-infected individuals by supporting selected antiretroviral treatment (ART) sites and through direct community-based access to counseling and testing (CT) in seven provinces, namely KwaZulu-Natal, Free State, Eastern Cape, Limpopo, Mpumalanga, Western Cape and Northern Cape. CT is used as a prevention mechanism to promote abstinence, be faithful and condoms, as well as an entry-point into care, support and ART. It is also an essential tool for fighting stigma and discrimination. The major area of emphasis is human resources. Minor areas of emphasis include community mobilization/participation, training and workplace program. Specific target populations include university students, adults, pregnant women, HIV-infected infants, truckers, and public and private sector healthcare providers.

BACKGROUND:

RTC's CT services are a continuation of ongoing activities. CT was originally part of RTC's holistic education, testing, care and treatment program for the employed sector, known as the Direct AIDS Intervention (DAI) program. RTC's CT activities have since expanded their reach through a range of partnerships with government sites, private sector providers and non-governmental and faith-based clinics and organizations, and are now reaching substantial numbers of clients from predominantly vulnerable populations, through clinic-based and mobile CT services.

RTC is currently implementing a program of CT for vulnerable populations. Testing is conducted by nurse networks, General Practitioner (GP) networks, mobile CT clinics or by sub-partner non-governmental organizations (NGOs). RTC implements workplace programs and often collaborates with a private sectorr partner, Alexander Forbes' Comprehensive Health and Wellness Solutions.

Uptake of on-site CT is reaching high proportions. Almost 90% of employees volunteer to go for CT. RTC supports the Access CT activities of treatment partners, including the Thusong network of private practitioners, several government sites, and non-governmental and faith-based organization sites. CT training is conducted by RTC's Training Unit as well as by several of RTC's sub-partners.

All RTC CT initiatives are coordinated through the Proudly Tested campaign. This campaign, a registered trade mark under RTC, is intended to create a brand that promotes regular CT for individuals and groups in all social levels. High-profile leaders within communities will promote this brand and strategy to create increased social acceptance of CT. The Proudly Tested activities will also include commercial CT, which will receive technical support through PEPFAR funds.

ACTIVITIES AND EXPECTED RESULTS:

RTC used FY 2008 funds to consolidate and expand its existing activities; building on past successes. RTC tested more than 52,000 clients, and trained 180 healthcare workers and lay counselors in the first three quarters of FY 2007.

ACTIVITY 1: Assistance to South African Government Sites

FY 2008 funds will support the continuation of assistance to government sites, NGO, and FBO clinics as well as to private practitioners to ensure the widespread availability of CT services. PEPFAR funds will largely be used for human capacity development including (a) salaries for consultants and part-time healthcare workers at all CT providers; (b) sub-grants for NGO and FBO clinics and organizations that are partially earmarked for nurses and lay counselors; (c) direct salary support for lay counselors and nurses at government sites; and (d) support for a fee-for-service arrangement with private contractors such as the private and Access CT programs and a network of private practitioners for the Thusong program. PEPFAR funds will also be utilized to address minor infrastructure needs such as for the delivery of CT services at NGO, FBO and government sites, for the maintenance of RTC's mobile clinics, and for the procurement and distribution of HIV test kits for NGO and FBO clinics.

ACTIVITY 2: Support for CT Providers

RTC will support all its CT providers by disseminating guidelines on CT, by providing quality assurance through sharing best practices and supportive supervision, and by offering guidance on monitoring and reporting of results. RTC and several of its sub-partners will also provide ongoing training in CT services for lay counselors and nurses (either employed by RTC or its partners, or external health workers) to ensure strict adherence to CT protocols and high quality counseling. RTC will also support healthcare providers in public health facilities to implement provider-initiated testing and counseling (PITC) as recommended in the HIV & AIDS and STI Strategic Plan for South Africa, 2007–2011. Providers will be trained on PITC as well as on conducting HIV rapid tests. This activity will include internal and external quality assurance around rapid testing.

ACTIVITY 3: Prevention and Behavior Change

The success of CT as a prevention activity should include promoting prevention and behavior change including "abstinence, be faithful and condom use", reducing stigma, encouraging disclosure and couple counseling. HIV-infected individuals are referred from CT to care services. RTC's counselors are trained to provide counseling services in all prevention areas. In FY 2007 RTC will maintain models of increasing transition to care including the use of CD4 count testing at the time of CT to encourage early patient staging for referral. Access to a 24-hour call center for post-test counseling has also proven to be beneficial.

ACTIVITY 4: Strengthening Expansion of Referral Networks and Increasing Initiation to Treatment

The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified as HIV-infected remains one of the central focus areas of RTC's CT activities. Linkages with community mobilization and outreach activities will be continued to promote the uptake of CT services and to normalize CT-seeking behavior using community lay counselors and educators. These linkages and

Activity Narrative: capacity building with indigenous organizations will affect long-term sustainability. Prior to all CT activities, referral linkages will be established for direct referral at the time of CT. A CT module through Therapy Edge, an electronic patient database system, is being developed to track all positive CT clients, for call center counselors to follow-up and direct referral and regular CD4 test.

ACTIVITY 5: Community-based CT

The strategic mix of clinic-based and community-based CT will see further expansion of activities which will bring CT services to the doorstep of impoverished populations and high-risk, male dominated groups such as truck drivers, farm workers, small and medium enterprise (SME) employees, DAI contract/temporary workers, tertiary students, rural communities and residents of informal settlements. Mobile and rural clinics, home-based CT in partnership with the Home Loan Guarantee Company, and clinic-linked units will be established in vulnerable communities. Through a public-private partnership, RTC will increase CT uptake in a cost-sharing model with commercial companies. PEPFAR funds will be used for technical support, training and CT kits, while the commercial partner will cover the substantial direct cost of nurses, facilities and other direct activities. This cost-sharing model will enable CT of contract workers, employees and unemployed persons.

Emphasis will be placed on consolidating and expanding CT services for couples, infants and children, and cross-testing (testing STI and TB patients for HIV and vice versa, and testing of pregnant women).

FY 2008 funds for counseling and testing will be used by Right to Care to expand services in government sites, NGO and FBO clinics as well as to private practitioners to ensure the widespread availability of CT services. The organization will assist the National Department of Health and the provincial Departments of Health in Gauteng, Northern Cape, and Mpumalanga with activities for National Testing Week. The South African National Testing Week will include enhanced testing at mobile and facility-based sites and other non -traditional testing sites. Right to Care will also focus on improving provider-initiated testing and counseling.

RTC's CT activities will contribute to the PEPFAR 2-7-10 goals by identifying HIV-infected individuals for care, support and treatment and preventing infection in those who are HIV-negative. This will contribute to the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to, and availability and quality of CT services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7544

Related Activity: 13793, 13794, 13796, 13797, 14568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22939	2972.22939.09	U.S. Agency for International Development	Right To Care, South Africa	9835	271.09		$2,046,401
7544	2972.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		$0
2972	2972.06	U.S. Agency for International Development	Right To Care, South Africa	2652	271.06		$1,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
13794	3276.08	6612	271.08		Right To Care, South Africa	$3,395,000
13796	2974.08	6612	271.08		Right To Care, South Africa	$1,173,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	92	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	150,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2801.08 **Mechanism:** N/A

Prime Partner: HIVCARE **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7988.08

Activity System ID: 13771

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: $291,000

Activity Narrative: SUMMARY:

HIVCare will use FY 2008 funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment in private health facilities to patients who do not have medical insurance (either through referrals from the public sector, or self-referral). The Free State has mainly a rural population, with only two major metropolitan areas (Bloemfontein and Welkom). In addition, the government rollout of HIV care and treatment has been geographically limited with only one treatment site in each of the five districts.

The Medicross Medical Centre, a well-equipped private primary health center, provides the main resource base in conjunction with three other sites in Bloemfontein, another two in Welkom and nine other centers located in rural towns within the province. The centers will provide an effective means of providing HIV care and treatment to patients who are either referred from state facilities or who access the sites by word of mouth. The major emphasis area for this program will be commodity procurement, with minor emphasis given to logistics and the development of networks, linkages and referral systems, quality assurance and supportive supervision. The target population already includes men and women; families (including infants and children) of those infected and affected factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers. A further specific population that will be targeted will be secondary school children as HIVCare has determined that a definite need exists. Activities will include active prevention campaigns, HIV counseling and testing (CT) and treatment for those diagnosed. The most significant target group is those persons in the economically active age group of the population that cannot access services in the public health system. Additional attention is to be given to the screening and treatment of TB amongst the patients attending the program. The linkage with the youth centre will ensure that the program will have a larger proportion of younger persons being attended to, specifically adolescents aged 10-14 and 15-24. This focus on youth should further encourage involvement with the street youth and it is anticipated that the program will be marketed among those NGOs working with the street youth as a testing and treatment site.

BACKGROUND:

The HIVCare project began in June 2005 with PEPFAR funding. The main aim of the program was to match the FSDOH with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through their primary health centers) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people for ARV treatment and given that CT is the mainstay of the National Strategic Plan, these waiting lists are likely to continue to grow. Prevalence amongst children in the 9 to 15 year age group in the Free State province is among the highest in the country. The HIVCare site is the only child-friendly site in the area. Patients from these waiting lists, who meet the eligibility criteria for treatment, are referred from those public sector clinics to one of the HIVCare primary health centers. The FSDOH is a collaborating partner in this public-private partnership.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Provision of Medical Services

The HIVCare treatment sites will provide all medical services related to the delivery of HIV care and treatment. In addition they will provide counseling and testing services. Management and coordination activities will be provided by HIVCare. Active marketing of CT service will only be done within local secondary schools as part of an HIV awareness and prevention strategy although it is expected that word of mouth and the central location of the sites will provide the desired accessibility for the public and will furthermore ensure that the required patient numbers are achieved. Consideration will be given to the principle of opt out testing embodied in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. This principle will be applied with due regard to the sensitivities involved with dealing with the youth. In addition to clinic referrals, Free State government employees will be encouraged to make use of the HIVCare services. The HIVCare centers are promoted among government employees (who do not have medical insurance) in the Bloemfontein area as independent testing and treatment sites where confidentiality can be ensured.

ACTIVITY 2: Counseling and Testing

Patients attending the center for testing receive comprehensive counseling and testing. Persons testing positive, with their consent, are screened for treatment and care options including staging tests (e.g. CD4) to determine the level of disease progression. Those that meet the clinical criteria will be referred to the treatment program. Persons participating in CT will be provided with a call center number, which they will be able to use to access further advice and /or information. Literature on HIV and related matters will also be provided. All persons testing negative receive post test counseling and are encouraged to test again within three months, receive information as to where they can access condoms and are provided with the phone number of the 24-hour assistance line. Those persons testing positive receive the same information and are staged. On returning for their results are asked to return after six months to check the progression of the disease should they not need to initiate antiretroviral treatment (ART).

ACTIVITY 3: Public Private Partnership

This program area will promote the public-private partnership between HIVCare/Medicross and the FSDOH. This partnership strengthens the system of both parties and allows for the sharing of knowledge and skills. This public-private partnership has been ongoing for a number of years and includes the greater Netcare Group in the Free State. In addition, HIVCare will expand its existing project to target children as part of its continuum of care. This activity targets girls and boys of mainly secondary school age through messages of awareness of HIV care and treatment. A teen center catering for the specific needs of this age group has been established and PEPFAR funding will be used to continue the treatment services already started. CT that takes place at this center will be provided in an environment that is sensitive to the special needs of this group and in line with the South African laws and regulations pertaining to children and HIV.

By providing comprehensive CT services to patients and promoting ARV services for a significant population (people without private insurance and school age children) HIVCare is contributing to the

Activity Narrative: PEPFAR goals of placing 2 million people on ARV treatment and providing care for 10 million others who are infected with HIV. These activities also support care and treatment objectives outlined in the USG Five-Year Strategy for South Africa by expanding public-private partnerships and expanding care to an underserved population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7988

Related Activity: 13770, 13774, 13772, 13773

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23071	7988.23071.09	HHS/Centers for Disease Control & Prevention	HIVCARE	9889	2801.09		$254,280
7988	7988.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13770	7989.08	6603	2801.08		HIVCARE	$582,000
13774	13774.08	6603	2801.08		HIVCARE	$242,500
13772	3298.08	6603	2801.08		HIVCARE	$2,910,000
13773	3299.08	6603	2801.08		HIVCARE	$2,134,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3509.08

Mechanism: PSI

Prime Partner: Population Services International

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: 3095.08

Planned Funds: $8,730,000

Activity System ID: 13784

Activity Narrative: SUMMARY:

This project promotes a mix of community-based and clinical counseling and testing (CT) models. The Society for Family Health and the Population Services International (SFH/PSI) will manage a franchise network (under the brand name, New Start) of 12 stand-alone CT sites, each with a mobile CT program. From these CT sites, SFH will provide training and support to at least six healthcare facilities to increase the number of tuberculosis (TB) patients who receive HIV CT in clinical settings, and to private healthcare workers to enable them to make CT a routine part of medical care. Emphasis areas include community mobilization/participation, development of network/linkages/referral systems, local organization capacity development, quality assurance/quality improvement/supportive supervision and training. Primary target populations include men and couples for CT in non-medical settings, and TB patients for CT in medical settings. Higher risk populations such as prisoners, sex workers, and men who have sex with men are targeted when possible.

BACKGROUND:

Activities are ongoing. New Start opened in December 2004. At this time, 83% of FY 2006 has elapsed and New Start has achieved 76% of its FY 2006 client flow goal and exceeded its training target. The program addresses gender issues primarily by targeting men and couples for CT. To date, 52% of clients are male and 11% are couples. Although funding for the TB/HIV project only arrived in July 2006, one medical facility in Durban was able to begin working with New Start in August, 2006. SFH works closely with and has strong support from the South African government at national and provincial levels. The program started off with PEPFAR funding and today is co-funded by the South African government.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

SFH will manage a network of 12 stand-alone CT sites, each operating a mobile and workplace CT program. SFH will manage three sites, and partner NGOs will manage the remaining nine sites. SFH will provide technical, financial, management, marketing, and quality assurance support to the nine sites. The nine partner-managed "franchise" New Start sites will open in late 2006 and early 2007. Non-profit CT franchising has proven effective at building the capacity of local NGOs to provide CT services and increase client flow. New Start franchising is based on standardized systems for management, training, supervision, quality assurance and referrals and linkages to other services. SFH, the South African government and the National Institute for Communicable Diseases (NICD) will train New Start counselors and testing staff. SFH and NICD will carry out quality assurance. Marketing activities will use radio, public relations, print media and community mobilization to reach men and couples. Beginning in late 2006, Levi's will promote New Start services through Levi's stores, Levi's sponsored mobile CT and Levi's media activities. Mobile CT and below-the-line marketing will continue to target prisoners, men who have sex with men, and commercial sex workers when possible. Mobile CT activities will expand and work with a variety of hosts -- including workplaces, NGOs, communities, churches, and government agencies such as the prison system and the commuter rail system. New Start has an agreement with the Anglican church to provide CT services through its parishes. New Start CT protocols include non-medical TB and STI screening. Each New Start site has a site-specific referral guide to allow counselors to refer clients to an array of post-test care and support services. Each New Start site also has a Referral Coordinator to maintain linkages with referral points. From New Start sites, SFH will provide training and support to NGOs not part of the New Start network in CT service provision and to private doctors in routine offer CT using rapid test kits. These training and quality assurance activities will be carried out in partnership with NICD and the FPD, the training arm of the South African Medical Association.

ACTIVITY 2:

SFH will increase the number of TB patients who are tested and referred for HIV treatment. The project will partner with and mentor NGO, private sector and/or government facilities, strengthen already existing systems and work to fill important gaps where the testing and referral of TB patients can be improved. The support provided to these TB healthcare providers will depend on the needs of the facilities. Support will include some or all elements of the following assistance models: (a) SFH will provide training and support to partner organizations in routine provider-initiated CT, so that partner organizations can introduce routine testing for TB patients. (b) SFH will provide training and support to partner organizations in client-initiated CT, so that partner organizations can introduce and manage their own CT operations in TB facilities. (c) SFH will create New Start satellite operations at TB facilities. Partner organizations will provide space and support to New Start to provide CT from TB facilities on a daily basis. (d) SFH will provide training and support to partner organizations who wish to open New Start franchises within TB facilities.

Franchise partners will be fully integrated into the New Start network. Gender issues will be addressed through targeting men and couples for CT services, including testing targeting male construction workers. Testing rates among men are low. Encouraging couple CT allows women a structured environment to address HIV issues with their male partners. Diminishing HIV stigma is best achieved by increasing the number of people who learn their HIV status and disclose to family and friends. The proposed activities encourage sustainability by focusing on human capacity and organizational development. Franchising develops the capacity of a network of NGOs to provide high quality services, including the development of workplace programs that bring in revenue to partner NGOs. The proposed activities also encourage a sustainable response to the need to test large numbers by providing training and support to private doctors to make CT a routine part of medical care. Mobile CT activities bring together non-health sectors of society such as churches or workplaces in the fight against HIV.

ACTIVITY 3:

PSI/SFH will develop and carry out a mass media campaign to encourage HIV counseling and testing. PSI/SFH will work in partnership with at least one private sector partner. The campaign will be national and will culminate in a one week testing drive. This testing week will bring together PSI/SFH's New Start static site and mobile testing services, the testing services of other service providers, including other NGO and Government of South Africa testing services. The campaign's private sector partner will associate its brand

Activity Narrative: with the campaign and spend its own funds on the campaign. Media used will include television or radio and public relations. The campaign and one-week testing drive will take place in late 2007 or early 2008. SFH is developing the campaign, selecting campaign target groups, determining private sector partners and developing testing targets. SFH will work closely with the government of South Africa to ensure that the campaign has government support and buy-in at all levels.

ACTIVITY 4:

SFH will partner with Careworks, a private organization which provides healthcare services. Careworks will provide mobile CT services to men in construction works and in mining throughout the country. This activity is aimed at reaching men who would otherwise not access testing services at public healthcare facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7855

Related Activity: 13945

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23038	3095.23038.09	HHS/Centers for Disease Control & Prevention	Population Services International	9880	3509.09	PSI	$8,475,997
7855	3095.07	HHS/Centers for Disease Control & Prevention	Population Services International	4609	3509.07	PSI	$6,313,000
3095	3095.06	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	3509	3509.06	PSI/SFH Replacement	$1,225,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	36	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	479	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	180,000	False

Indirect Targets

Clients tested by private health care workers will result in indirect individuals counseled and tested for HIV but no targets have been set because this program is still in the planning stage with the Foundation for Professional Development and the South African Medical Association.

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Incarcerated Populations

Other

Business Community

Discordant Couples

Religious Leaders

Coverage Areas
Gauteng
KwaZulu-Natal
Western Cape
Free State
Limpopo (Northern)
North-West
Eastern Cape
Mpumalanga
Northern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5191.08
Mechanism: N/A
Prime Partner: Reproductive Health Research Unit, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9445.08
Planned Funds: $908,000
Activity System ID: 13791

Activity Narrative: SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) PEPFAR-funded program, subsequently referred to as the "Follow-on to the RHRU Program" (FRP), was re-competed through an Annual Program Statement (APS) in 2007, and awarded to the RHRU. PEPFAR funds will support the FRP to continue to provide counseling and testing (CT) services, and to expand services tailored to target groups such as couples, pregnant women, young people, children, and families, as part of an integrated prevention, care and treatment program. FRP will also provide training and mentoring in voluntary counseling and testing to Department of Health (DOH) staff, to ensure the implementation of provider-initiated testing and counseling (PITC) in TB, STI, antenatal/postnatal and contraceptive services at all levels. Major emphasis in this program area is on quality assurance and supportive supervision, with additional emphasis on the development of network/linkages/referral systems, human resources, and training. These activities target HIV-affected families (children, youth, and adults), sex workers, men, pregnant women, discordant couples, and public health workers.

BACKGROUND:

RHRU, a unit of the University of the Witwatersrand in Johannesburg, currently provides technical support to the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, which includes the national antiretroviral (ARV) roll-out strategy. Under PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training, and quality improvement to DOH sites in three provinces (Gauteng, KwaZulu-Natal and North West). The FRP will continue these activities, which include inner city, district wide and rural programs focusing on providing support to a complete up and down treatment referral network. In addition, FRP will continue the provision of counseling and testing (CT), palliative care, and prevention services. FRP will seek to develop models of service delivery that can be replicated and expanded, and produces findings from lessons learned and targeted evaluations to disseminate and share with others. It should be noted that the success of ARV treatment scale-up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary healthcare programs such as TB, family planning, antenatal/postnatal and STI services is critical.

In FY 2007, FRP will continue to focus on further strengthening DOH adult and pediatric treatment, and on continuing the development of a family-based approach to HIV care and treatment in the public sector. Furthermore, FRP will continue to develop strategies to address underserved communities affected by HIV, such as couples, high-risk groups such as adolescents, and gender-based interventions with women at risk, including pregnant women and sex workers, and men. FRP places strong emphasis on quality assurance for all interventions supporting CT and will draw on the tools that have a proven track record in terms of improving quality of care, such as pocket reminders for counselors, wall charts with trigger messages for clients and counselors, and routine performance assessments.
ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Counseling and Testing

PEPFAR funds will support FRP to continue to directly provide CT services at multiple sites, and to expand services tailored to target groups such as couples, family planning clients, children, families, men, pregnant women, and sex workers as part of an integrated prevention, care and treatment program. Discordant couples will be targeted for prevention education, and concordant couples can benefit from referral to a wellness program. Both groups will benefit from fertility and family planning advice. FRP will work closely with the national DOH and will ensure that CT is integrated into other health programs at all levels. In addition, FRP will focus on integrating provider-initiated testing and counseling (PITC) into TB, STI, antenatal/postnatal and family planning services as recommended in the HIV & AIDS and STI Strategic Plan for South Africa, 2007 - 2011.

ACTIVITY 1.1: Gender-based Voluntary Counseling and Testing

Approximately 70% of individuals currently accessing antiretroviral treatment (ART) are women. FRP will continue to develop services that aim to address this gender inequality, and to increase the number of men who obtain HIV care. This will be done through the development of male-friendly CT methods, such as family-centered counseling and testing, and interventions to encourage health-seeking behaviors. This program will contribute towards increasing gender equity in HIV and AIDS programs.

ACTIVITY 1.2: Family-Centered Testing

Children and families have special needs that will be addressed in the program. Previous work in antenatal clinics and in pediatric treatment will have given FRP the opportunity to promote family testing to DOH staff and community social workers, and to develop approaches to this activity. A youth-friendly CT model will continue to be developed and implemented in the inner city of Johannesburg and Durban. Mobile CT units will be utilized to increase access to CT for families at weekends and to other hard-to-reach groups. Age-appropriate counseling and testing techniques will be developed, and opportunities to scale-up counseling and testing of this group will be identified and interventions implemented accordingly.

ACTIVITY 2: Human Capacity Development

FRP will train counselors, doctors, nurses, and other healthcare workers to provide comprehensive and appropriate CT services, in line with South African guidelines. This includes appropriate referral, and updates on new practices and current debates in an evolving field. In addition, FRP staff will provide mentoring to local NGOs, lay counselors, and DOH staff in the public sector facilities in which they work, through weekly supportive supervision sessions with all counselors and regular meetings to discuss the development and application of new practices.

In FY 2008, RHRU will continue to undertake monitoring and evaluation activities to inform and develop quality HIV care. RHRU will be in a position to conduct targeted evaluations (TE) and Public Health Evaluations (PHEs) of some of its counseling and testing projects in FY 2008 and FY 2009. For each PHE, a detailed proposal will be developed and submitted to PEPFAR for review and funding approval.

Activity Narrative: These activities expand CT services to important high-risk populations, and serve as a critical entry point into HIV care and treatment programs, thus contributing to the 2-7-10 goals by enabling access to treatment and prevention for those who test.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9445

Related Activity: 13788, 13789, 13790, 13792

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23047	9445.23047.09	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	9883	5191.09		$881,581
9445	9445.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	$1,125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13788	9449.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$339,500
13789	9448.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$500,000
13790	9444.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$780,850
13792	9446.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$22,022,260

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Family Planning

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	700	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	29,870	False

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training, including training of master trainers who further cascade what they have learnt. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces..

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 397.08 **Mechanism:** N/A

Prime Partner: Africa Center for Health and Population Studies **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7911.08

Activity System ID: 13370

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: $824,500

Activity Narrative: SUMMARY:

The Hlabisa antiretroviral treatment (ART) program aims to deliver comprehensive, integrated, safe, effective, efficient, equitable and sustainable ART and related services to all who need it in the community. Counseling and testing (CT) is part of this program in the Hlabisa District set in rural KwaZulu-Natal, South Africa. The target population for the program is adults and people affected by HIV and their families. The major emphasis area of this program is community mobilization/participation. Minor emphasis areas include information, education and communication (IEC), local organization capacity development, and quality assurance and supportive supervision.

BACKGROUND:

The Africa Centre for Health and Population Studies' Hlabisa ART program is a partnership between the KwaZulu-Natal Department of Health (KZNDOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal. The Hlabisa ART program is comprehensive and integrated. CT-related activities fall within this program. The program is based in Hlabisa District, a rural health district in northern KwaZulu-Natal, and provides health care to 220,000 people at one government district hospital and 13 fixed peripheral clinics. The ART program is embedded in the Department of Health's antiretroviral therapy rollout where the Africa Centre and KZNDOH work to complement each other's abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that are not available at the district Department of Health (DOH). In addition to clinical staff and infrastructure, the district DOH provides the necessary drugs, laboratory tests, and rapid test kits for effective rollout.

With FY 2008 funds, the Africa Centre will continue to improve and expand CT services by providing additional human resources and training. Africa Centre will link CT services to prevention of mother-to-child transmission (PMTCT) services, TB/HIV, palliative care, and treatment programs. Increased attention will be given to addressing gender inequality (including increasing male involvement in CT and care) and to promoting ART services among men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partnership with South African Government

Africa Centre will expand CT and provider-initiated testing and counseling (PITC) in collaboration with DOH. The Africa Centre will work closely with the DOH to ensure that all patients who enter the 14 clinics will be offered an HIV test.

ACTIVITY 2: Counseling

Counseling centers were established in partnership with another of Africa Centre's donors, the Wellcome Trust-UK. PEPFAR funds will be used to expand and promote the center at Mtubatuba. Another testing center will be established at Hlabisa. A mobile testing center will be used during road shows and other public events. The traditional leaders will be approached for testing in their Isigodi. (Isigodi is the geographical area where a traditional Zulu authority called the Induna is in charge.)

The Africa Centre covers a research area of approximately 90,000 people in 11,000 households. Funded by the Wellcome Trust UK, all inhabitants older than 15 years are offered an HIV test annually. Approximately 10,000 people are participating in that study each year. This study is one of the most reliable sources for incidence data in Africa. The method used for HIV testing is a dried blood sample on filter paper analyzed in the Africa Centre Virology Lab in Durban. The Africa Centre will return the test result within three weeks of testing; clients will be provided with post-test counseling together with their test results at one of the Africa Centre centers. PEPFAR funds will be used to fund HIV counselors accompanying the study team. Counselors will offer rapid tests for HIV. A small study suggested that 20% of the participants of the study are interested in a rapid test.

Moving away from clinics and offering the CT in a broader range of settings (e.g. close to a supermarket, in town), Africa Centre hopes to attract hard-to-reach people to CT. Further, it is hoped that CT centers in non-clinical settings will help to minimize the stigma attached to taking up HIV testing and counseling. The counseling centers will offer rapid testing with pre- and post-test counseling. CT services will follow South African government protocols. CT counselors will refer clients to appropriate further services, including the ART programs, TB programs and government support services (disability grant, food help). CT counselors will encourage clients to disclose their status to partners. Prevention counseling will be specifically aimed at people who are at increased risk for HIV and will be tailored to the individual needs of the patient. Clients will be counseled on personal risk reduction including messages about partner reduction and behavioral changes to achieve healthy life styles. Counseling and testing takes place in separate closed rooms in order to ensure confidentiality. All clients will receive their test results during the post-test counseling session. New PHEs OGAC money has been reprogrammed to CT services to assist this program towards universal testing in their assigned district. Monitoring and Evaluation and measurement for this activity will be a BPE.

ACTIVITY 3: Community Mobilization

For several years, the Africa Centre has been conducting road shows to provide information, education and communication (IEC) services to rural Zulu communities. These road shows and other community events will be used to promote CT. Specifically, the community will be informed that rapid testing will be offered at the CT sites. The road shows will also be a forum to reduce the stigma around visiting a CT center. Appropriate materials will be developed for informing the community about CT and other services offered through the Africa Centre. All possible efforts will be made to encourage couples and youth to receive counseling and testing. PLHIV have to play a major role in the community mobilization. Africa Centre will involve PLHIV in educating the community about HIV, sharing their experiences with the people, and through that getting more people tested. A behavior change communication specialist will be employed to develop an appropriate strategy (such as the Stepping Stones strategy).

ACTIVITY 4: Referral and Linkages

Activity Narrative: Africa Centre will strengthen the referral system from the Department of Health's TB program to CT by providing training to direct observation treatment supporters (DOTS) on the need for HIV testing for patients who receive TB treatment. HIV-infected people will be referred for CD4 testing and treatment where applicable. The counselors will inform clients on where to enroll in the ART program and on how to access government support programs, such as disability grants and food aid.

ACTIVITY 5: Human Capacity Development

PEPFAR funding will be used to provide CT centers with additional CT counselors. As part of capacity building, counselors are recruited from the local area, and trained and provided with mentoring and supervision on a regular basis by Africa Centre. In addition, Africa Centre will conduct counselor-debriefing sessions to discuss their work with their peers and support staff. Counselors will participate in short courses to refresh their counseling skills. These courses will incorporate education on new initiatives that had not been a part of their initial training. In addition, Africa Centre will provide training and mentorship to medical staff in order to strengthen their knowledge about CT and to introduce provider-initiated testing and counseling into the clinics.

Funding will also be used for additional staffing in clinics and hospital.

These activities will contribute to the PEPFAR goals of 2-7-10 by contributing to the 10 million people who will receive care through PEPFAR assistance by providing counseling and testing to many individuals in Hlabisa district.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7911

Related Activity: 13367, 13368, 13369, 13371

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22570	7911.22570.09	U.S. Agency for International Development	Africa Center for Health and Population Studies	9726	397.09		$1,165,086
7911	7911.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		$580,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13367	7914.08	6453	397.08		Africa Center for Health and Population Studies	$339,500
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
13369	7913.08	6453	397.08		Africa Center for Health and Population Studies	$291,000
13371	2997.08	6453	397.08		Africa Center for Health and Population Studies	$2,619,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	18	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 167.08

Mechanism: N/A

Prime Partner: Africare

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: 2910.08

Planned Funds: $388,000

Activity System ID: 13379

Activity Narrative: SUMMARY:

Africare's counseling and testing (CT) activities will include linking testing to community events, increasing the participation of people living with HIV (PLHIV) in the counseling process, and supporting clinics to integrate CT into all services and ensure quality of counseling and testing. Major emphasis will be on community mobilization and participation. Additional emphasis will be placed on strengthening quality and short-term human resource support and training. The aim is to increase testing in communities among adults and secondary school students. FY 2008 will also include interventions to encourage men to test.

BACKGROUND:

Counseling and testing in the Lukhanji Local Service Area (Eastern Cape) has been supported by Africare in terms of encouragement of testing in community events and volunteer pre-test counseling. A perception of limited time for counseling and testomg has been expressed as interfering with integrating counseling and testing throughout clinic services, particularly in Sada Community Health Centre. Accredited training for counseling and testing has been very limited in the district, hampering preparation of volunteers to support the nurses.

ACTIVITIES AND EXPECTED RESULTS:

Four activities will focus on ensuring greater participation of PLHIV; increasing community mobilization; and strengthening existing counseling and testing services.

ACTIVITY 1: Develop PLHIV for Counseling Support

PLHIV will be trained as both support group co-facilitators and CT counselors. On a voluntary basis, they will support clinic and community-based testing activities, adding particular value to post-test counseling and referral to support groups and services. CT services will be provided at public health facilities to increase testing in areas that are widely disbursed and hard to reach.

ACTIVITY 2: Mobile CT Services

Mobile CT services will be initiated to ensure that CT services are provided to the whole community, in particular the villages not in the immediate vicinity of the local clinic. Mobile services will be designed with the Eastern Cape Department of Health (ECDOH) clinic teams to augment their reach. Where practical, clinic nurses will join the mobile team to perform the test. Where required, a nurse recruited by the project to support CT will provide testing. Service Corps Volunteers (SCV) from the clinics and community caregivers who are trained can support pre- and post-test counseling and logistics. In order to address community concerns about being tested by someone they know, SCVs can exchange sites and the Africare nurse will test. Mobile testing will take place monthly, rotating sites. A compensation plan for volunteer community caregivers supporting testing will be developed with the Lukhanji health team. To ensure maximum uptake, the mobile CT team will work with the project's peer educators and drama group to provide entertainment in the form of street theater (skits, songs, poems, monologues and dances) that include, but are not limited to, HIV and AIDS themes. These preparatory sessions will help to reduce fear and tension while addressing myths, misconceptions and promoting behavior change.

Linking with the project’s initiative to ensure that every positive person is encouraged to enter care and support services, each person testing positive will be (a) referred to a support group, (b) have CD4 count drawn and results sent to the clinic of their choice, and (c) provided with a description of services available at nearby facilities. Those who wish to be enrolled in chronic HIV care at the nearest clinic on that day will have their enrolment form initiated.

ACTIVITY 3: CT Training

Training on CT will include both initial and refresher training. Refresher training will be conducted at least once every three months for nurses and volunteers already trained in counseling and testing. Project support will include hiring an accredited nurse trainer, training workshops, and supporting training sessions with onsite follow-up. Training of SCVs and community caregivers from among the 18 clinics in the Whittlesea community will strengthen the clinic's ability to provide more facility-based testing and to conduct outreach. Community-based organizations providing home-based care will also benefit from the training of their caregivers, as needed.

ACTIVITY 4: Optimize Clinic Flow for Integrated CT

Africare will review clinic flow, clinic efficiency and integration of services at three selected sites to increase the amount of time allocated to CT services. Findings from the review will be analyzed in a workshop with the clinic teams to identify options for increasing CT access to family planning clients, TB clients and general clinic attendees. Support will be provided to teams piloting their changes. FY 2008 activities will focus on engaging male health workers for counseling and testing as a key strategy to increase male testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7279

Related Activity: 13374, 13375, 13376, 13377, 13378, 13380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29109	29109.05	U.S. Agency for International Development	Christian Aid	11860	11860.05		$1,034
29108	29108.05	U.S. Agency for International Development	Family Health International	11859	11859.05		$438,005
29107	29107.05	U.S. Agency for International Development	Hope Worldwide	11858	11858.05		$66,153
29106	29106.05	U.S. Agency for International Development	International Youth Foundation	11857	11857.05		$254,878
29105	29105.05	U.S. Agency for International Development	PLAN International	11856	11856.05		$346,196
29104	29104.05	U.S. Agency for International Development	Project Concern International	4045	4045.05	BELONG	$313,030
29103	29103.05	Department of Health & Human Services	Sanquin Consulting Services	11855	11855.05		$676,438
29101	29101.05	Department of Health & Human Services	Catholic Relief Services	1585	1585.05	Track 1.0	$1,920,422
29100	29100.05	Department of Health & Human Services	Harvard University School of Public Health	544	544.05	HRSA Track 1.0	$0
22580	2910.22580.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7279	2910.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$350,000
2910	2910.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$262,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13375	7920.08	6455	167.08		Africare	$145,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13377	3752.08	6455	167.08		Africare	$485,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13380	2908.08	6455	167.08		Africare	$285,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	50	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	416.08	**Mechanism:**	N/A
Prime Partner:	Broadreach	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3136.08	**Planned Funds:**	$870,000
Activity System ID:	13695		

Activity Narrative: SUMMARY:

The primary goal of BroadReach Healthcare's (BRHC) counseling and testing (CT) is to ensure that those testing positive for HIV are started on antiretroviral treatment (ART) when clinically qualified and enrolled patients continue to receive outstanding care and support. CT is the entry point for this goal. BRHC also supports activities that include test-kit procurement, meeting infrastructure and human resource demands, increasing testing uptake, prevention, patient counseling, referral systems, and training. Primary target populations include children, adolescents, adults, pregnant women, and people living with HIV (PLHIV).

BACKGROUND:

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the South African Government (SAG) rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across five provinces. BRHC is supporting approximately 5,000 people directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity-building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training, and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of the program is to ensure that those testing positive for HIV are started on ART when clinically qualified and enrolled patients continue to receive outstanding care and support. CT is the entry point for this goal.

ACTIVITY 1: Voluntary Counseling and Testing

BRHC will provide access to rapid voluntary counseling and testing (CT) at enrollment sessions and, where available, CD4 testing services for patients who test positive to determine eligibility for treatment. In accordance with SAG guidelines, BRHC patients will be properly counseled (pre- and post-test), tested, and referred as appropriate to a BRHC network doctor or to an accredited SAG facility.

ACTIVITY 2: Support to South African Government

BRHC will expand access and availability of CT by (1) procuring testing materials (rapid test kits when unavailable through the government system); (2) improving operational efficiency through needs assessment, identification of operational bottlenecks, implementing solutions to address bottlenecks; (3) assisting with refurbishing physical space at government clinics/hospitals; and (4) advising SAG partner clinics on increasing CT uptake and improving the percentage of results received. BRHC will further support SAG efforts in meeting the increased demand created by testing. This will range from providing salary support for counselors to improved processes and systems for enrolling and following up greater numbers of new patients.

ACTIVITY 3: Outreach

Using a family-centered approach to care and treatment, BRHC will encourage the testing of families and households, utilizing patients already enrolled in the BRHC program as a point of entry. BRHC will also promote community-based programs such as support groups, CBOs, and churches as entry points for CT services.

ACTIVITY 4: Referrals and Linkages

All HIV-infected patients identified through BRHC-supported CT efforts, will be linked (via BRHC network doctors, home-based care (HBC) and support groups) to other services such as TB care, nutrition and wellness, and psychosocial support.

ACTIVITY 5: Human Capacity Development

BRHC may enhance the quality of CT services at selected sites (assigned by the relevant district authorities) through training and mentoring for counselors, health professional staff, outreach workers and support group facilitators. In addition to training, BRHC will assist CT programs at sites by providing salary support to counselors as sites expand access to CT services.

BRHC's CT activities directly contribute to the 2-7-10 objectives by identifying infected individuals who are unaware of their HIV status and who may be eligible for treatment. Greater numbers of people tested means meeting the treatment and care and support objectives. Moreover, prevention messages given to both infected and uninfected individuals during post-test counseling will contribute to the goal of averting 7 million infections.

All BRHC activities articulated in the FY07 COP will be scaled up significantly in FY 2008 through its partnerships with 15 SAG hospital systems, which include hospitals and affiliated community and primary health centers.

The FY 2007 activities will be expanded and enhanced in FY 2008 as follows:

BRHC will support quality assurance at each of its public sector partner hospitals through quality assurance assessments, systems re-engineering, and the development of reporting systems that provide program

Activity Narrative: management feedback that is used to improve program performance and more closely monitor patient care. This includes monitoring, tracking and reporting on CT activities at partner sites.

As part of systems re-engineering BRHC will focus on improving CT referrals at sites to boost the number of patients tested, and the numbers that receive their results and ultimately enroll in treatment. A special effort will be made to test family members of patients in an effort to boost family-centered care initiatives at sites through partnerships with CBOs and home-based care organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7513

Related Activity: 13700, 13698, 13699, 13693, 13694, 13696, 13697

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22617	3136.22617.09	U.S. Agency for International Development	Broadreach	9739	416.09		$844,687
7513	3136.07	U.S. Agency for International Development	Broadreach	4449	416.07		$220,000
3136	3136.06	U.S. Agency for International Development	Broadreach	2663	416.06		$62,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13699	13699.08	6576	416.08		Broadreach	$776,000
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13696	3133.08	6576	416.08		Broadreach	$737,200
13697	3006.08	6576	416.08		Broadreach	$14,326,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$42,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	2,000	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	75	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	75,000	False

Indirect Targets

Indirect number of patients receiving CT is the estimated number of patients benefiting form CT support through training and support provided to services providers by Aid for AIDS (AfA). AfA is a private sector program providing workplace HIV programs for major companies in South Africa, as well as HIV and AIDS disease management services within the managed care environment for various private health plans. Through BroadReach support to AfA, all patients benefit from enhanced testing, education, support, and monitoring.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	226.08	**Mechanism:**	N/A
Prime Partner:	Foundation for Professional Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09

Activity ID: 7987.08

Planned Funds: $900,000

Activity System ID: 13743

Activity Narrative: SUMMARY:

This Foundation for Professional Development (FPD) project focuses on promoting early diagnosis of HIV as an entry point to wellness programs and access to prophylactic treatment. FPD will expand counseling and testing (CT) activities through various models ranging from institutional based CT at antiretroviral treatment (ART) sites to introduce new easily accessible CT at sites based in civil society e.g. pharmacies, faith-based organizations (FBOs), tertiary academic institutions and private medical practices. FPD will focus on offering routine CT (RCT) to all patients admitted to public sector hospitals where FPD supports ART services. All patients who test positive will be referred to wellness programs to reduce loss to treatment initiation. The emphasis areas are gender, human capacity development and local organization capacity development. The activities will directly and indirectly target people living with HIV (PLHIV) and most-at-risk populations.

BACKGROUND:

FPD is a South African private institution of higher education working exclusively in the health sector in southern Africa. PEPFAR funding has enabled large-scale training and substantially increased access to ART. FPD has not received PEPFAR funding for CT activities in the past, even though CT services are an integral part of the comprehensive care package offered at a number of FPD-supported clinics since FY 2004. To date, FPD has provided training for approximately 800 clinicians and nurses on CT. Coordination with provincial Departments of Health (DOH) takes place through Memorandums of Understanding (MOUs). The project will focus on various gender-related activities. It is envisaged that FPD will be the main project implementer, but given that this is a new project activity, sub-agreements with local non-governmental organizations (NGOs) and FBOs may be used to increase community participation and to increase CT services.

ACTIVITIES AND EXPECTED RESULTS:

FPD's activities will be aimed at strengthening the existing healthcare system, promoting closer cooperation between the public sector and civil society institutions, and developing human capacity. It is expected that all activities will offer sustainable and long-term benefits for the South African healthcare system.

ACTIVITY 1: Support to the South African Government at the sites where FPD is supporting treatment activities

FPD will increase dedicated staff who will focus on expanding CT services for couples, infants and children and adults, as well as cross-testing (testing STI and TB patients for HIV and vice versa). Dedicated CT nurses and counselors will offer RCT for all patients moving through these healthcare facilities. Standard registers and negotiated performance targets will be used to drive this activity and monitor its implementation. PEPFAR funds will largely be used for human resources (e.g. nurses and lay counselors). PEPFAR funds will also be utilized for training and to address minor infrastructure needs where necessary for the delivery of CT services at government, NGO, and FBO sites. PEPFAR funds will be utilized for the procurement and distribution of HIV test kits if necessary and may be utilized for CD4 count testing where such tests are required to increase access to care.

ACTIVITY 2: Establishment of New CT Sites

FPD will introduce new civil society based CT services at easily accessible sites such as private medical practices, private pharmacies, tertiary educational facilities, mobile testing sites and NGOs and FBOs. In addition, FPD will expand of CT services in the existing treatment services sites. Outreach activities will be introduced to create awareness of these services in the larger community with specific emphasis on at risk groups and vulnerable populations. The introduction of new testing sites at NGOs, FBOs, student healthcare services, private practices, and private pharmacies will ensure the widespread and sustainable availability of CT services. Emphasis will be placed on promoting client-friendly rapid testing facilities. The introduction of CT services in venues that are not perceived as having an HIV or AIDS connotation (private pharmacies or private medical practices) will contribute to overcoming stigma induced barriers to accessing CT due to fears of being seen at an "AIDS facility". Staff will be trained on proper recording and data management.

ACTIVITY 3: Human Capacity Development

FPD will provide training in CT services for medical practitioners, lay counselors, and nurses to ensure strict adherence to CT protocols and high quality counseling. This activity emphasize gender issues as all participants and CT staff will be trained on couple counseling, identifying and referring of victims of sexual abuse and violence, and stigma reduction. The program will address gender by creating an ARV-related set of services that will increase gender equity through mitigating the burden of care on women. At the time of CT and other ARV related services women will be identified and -- if they fit the profile -- will be referred to a number of faith-based programs that also support the clinics and CT sites. These faith-based programs provide women with resources ranging from accommodation, to nutritional support and job creation programs. Male norms and behaviors are addressed in the counseling provided at these facilities and all staff actively work towards reducing violence and coercion by identifying victims of violence. The FBO partners provide a shelter for female victims of violence. Training takes place in all provinces for both public and civil society organizations. For public sector training such training is coordinated with relevant human resources departments

ACTIVITY 4: Linkages and Referrals

The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified as HIV-infected will be a central focus of the project. FPD will link with local CBOs, NGOs, and FBOs to increase demand for CT services and to help with referral and follow up. All CT staff will be trained on referrals and linkages. Each CT site will have a list of local service providers that patients can be referred to. All referrals will be bi-directional and followed up to make sure that clients are accessing the services and providers are providing the services. PEPFAR funds will largely be used for human resources (e.g. nurses and lay counselors) in support of CT services.

Activity Narrative:

PEPFAR funds will largely be used for human resources (e.g. nurses and lay counselors) in support of CT services. PEPFAR funds will also be utilized for training and to address minor infrastructure needs where necessary for the delivery of CT services at government sites. The government will provide test kits at government sites and kits will be purchased for use at non government sites. Funds may be utilized for CD4 count testing where such tests are required to increase access to care. FPD will also expand new civil society based CT services at easily accessible sites such as tertiary educational facilities, NGOs and FBOs. Outreach activities will be introduced to create awareness of these services in the larger community with specific emphasis on at risk groups and vulnerable populations. The introduction of new testing sites at NGOs, FBOs, student healthcare services will ensure the widespread and sustainable availability of CT services. Emphasis will be placed on promoting client-friendly, provider-initiated, rapid testing.

The above activities will be continued in FY 2008. Activities will be expanded to at least 20 new sites in FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7987

Related Activity: 13753, 13742, 13744, 13745, 13746

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22959	7987.22959.09	U.S. Agency for International Development	Foundation for Professional Development	9840	226.09		$1,448,066
7987	7987.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		$1,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13742	7986.08	6591	226.08		Foundation for Professional Development	$950,600
13744	7985.08	6591	226.08		Foundation for Professional Development	$873,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13746	6407.08	6591	226.08		Foundation for Professional Development	$625,650

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	25	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	500	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	45,000	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas
Limpopo (Northern)
Mpumalanga
North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**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:	3321.08	**Planned Funds:**	$436,500
Activity System ID:	13733		

Activity Narrative: SUMMARY:

Columbia University (Columbia) and its identified partners in the Eastern Cape have been supporting the care and treatment of patients dually infected by HIV and tuberculosis (TB) since FY 2006. This activity focuses on HIV counseling and testing (CT) for TB patients and will be an ongoing activity for Columbia in FY 2008. The major emphasis area for this program will be human resources, with minor emphasis on development of network/linkages/referral systems, linkages with other sectors, quality assurance and supportive supervision, strategic information and training. The target population will include people infected and affected by TB and HIV including infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients).

BACKGROUND:

Columbia will use FY 2008 funds to continue strengthening the Eastern Cape Department of Health's capacity to provide routine HIV counseling and testing (RCT) services to tuberculosis patients. In the latter part of FY 2006, Columbia began RCT activities in three TB hospitals: Empilweni, Nkqubela and Fort Grey. In FY 2008, PEPFAR funds will be used to continue to screen TB inpatients for HIV, implement TB/HIV patient prevention education and to ensure that TBand HIV co-infected patients are referred for appropriate HIV care and treatment services. Referral mechanisms with adjacent health facilities (including hospitals and primary health clinics) have already been identified and established. Ongoing program emphasis area will be on the development of network/linkage/referral systems that will eventually result in retention into HIV treatment services for the TB and HIV co-infected after completing of TB treatment and improved adherence to TB and HIV therapies.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 Columbia University will continue to implement four activities in three TB hospitals: Fort Grey, Nkqubela and Empilweni.

ACTIVITY 1: Support Routine HIV Counseling and Testing for TB patients

Columbia will provide assistance through hiring and training of additional clinical staff (nurses and peer educators) to increase the uptake of HIV testing among TB patients. Columbia will actively promote provider -initiated testing and counseling for HIV (PITC) for TB patients. Registered nurses at each hospital will be responsible for performing the HIV tests and post-test counseling, and trained peer educators will provide pre-test counseling.

ACTIVITY 2: Provide Patient HIV Prevention Education

This activity will consist of collaboration with the Eastern Cape Department of Health, community-based organizations and other local non-governmental organizations to provide information and education on TB/HIV. In addition, trained peer educators will be actively involved in one-to-one patient education.

ACTIVITY 3: Referrals for TB Patients

Practitioners will continue to take advantage of and support the existing referral systems for TB patients into HIV care and treatment activities, and where feasible, develop and promote more efficient referral linkages.

ACTIVITY 4: Monitoring and Evaluation

Data collection and reporting will be strengthened by training and hiring data staff, as needed, to collect accurate counseling and testing patient information and to provide monitoring and evaluation technical support for data interpretation and dissemination that will result in program improvement.

In FY2008, Columbia proposes the following additional activities:

ACTIVITY 5: Strengthen Provider-Initiated HIV Counseling

Columbia will expand provider-initiated testing and counseling services to all the 36 antiretroviral treatment (ART) sites that will be supported in FY 2008. With this approach, people attending the health care services or those seeking specific medical attention can also receive CT. Pre-test counseling will be conducted by peer educators and reinforced by the health unit staff or by HIV and AIDS counselors during post-test counseling.

ACTIVITY 6: Provision of Mobile Counseling and Testing Services in KwaZulu-Natal

In order to make HIV and AIDS care and treatment more widely available to inaccessible populations, a mobile clinic is being procured for the Kokstad area, in KwaZulu-Natal. A mobile CT team will be integrated with the care and treatment team to provide services at fixed times at a variety of outreach sites in Kokstad. Pre-advertising will be conducted (via fliers and public announcements), to provide potential clients with information, maps and schedules for the mobile service. Rapid tests will be used to ensure immediate results for clients within the same day and session.

Activity 7: Provision of Group Counseling at 36 ART sites

In the facilities supported by Columbia, the patients wait for some period of time after checking into the clinics and before seeing the healthcare providers. Through peer educators, Columbia will motivate and support this opportunity to tell the patients that it is recommended that all patients are tested for HIV and to provide them with information about HIV and TB (group pre-test counseling). Brochures will be developed in liaison with the Department of Health and will be given to patients when they check in to read in the waiting room. Posters will also be placed in waiting rooms and throughout the clinic, noting the importance of knowing one's HIV status to facilitate the pre-test counseling sessions. Those who opt for the test will then be privately counseled post-test.

Activity Narrative: ACTIVITY 8: Creation of a Functioning Referral System for Counseled and Tested Patients

Functional links will be established between the different departments at the health facilities including the ART clinics to facilitate cross-referral. Mechanisms for referral to post-test diagnostic and care services will be established including regular clinical meetings.

ACTIVITY 9: Establishment of Quality Assurance Systems for Testing and Counseling Services

Columbia will support two overarching principles of quality assurance: (a) supporting clients' rights, and, (b) addressing providers' needs. To meet the clients rights, Columbia will refurbish the facilities to ensure private and confidential space (aural and visual privacy) at each of the facilities providing CT services. The sites will be supported to undertake rapid counseling and testing. Mechanisms will be instituted for sample referral for quality assurance testing (10% of samples to be confirmed centrally) in an external facility/laboratory.

To support the work of providers, Columbia will guarantee accurate documentation and information management procedures to ensure accuracy and confidentiality of all patient test and diagnostic information. Adequate supply of simple/rapid tests, condoms and client information materials from the DOH will also be ensured. In addition good quality management and supervisory support including information, training and skills development will be supported by Columbia.

Activity 10: Engaging Stakeholders

Columbia will engage stakeholders in the planning and management of the program through meetings, sensitization workshops and feedback reports. The stakeholders include Department of Health officials, district managers, health facility managers, clinic supervisors, laboratory personnel, and staff representatives, including doctors and nurses.

By providing HIV counseling and testing to patients on TB treatment, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 10 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Plan for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7306

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22750	3321.22750.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9785	2797.09		$396,129
7306	3321.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4371	2797.07		$150,000
3321	3321.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2797	2797.06		$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	44	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	22,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2787.08

Mechanism: N/A

Prime Partner: Absolute Return for Kids

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 7883.08

Planned Funds: $194,000

Activity System ID: 13347

Activity Narrative: SUMMARY:

ARK's focus is to provide antiretroviral treatment (ART) and accompanying support to primary HIV-infected caregivers with children. This includes the encouragement and support for the voluntary counseling and testing (CT) of partners and children, to ensure complete family coverage and earlier access to ongoing treatment, care and support. Although the primary focus of ARK is on the caregivers of children, ARK offers its services to the entire population in all of its service areas. CT services will be delivered in all of ARK's supported communities.

The primary emphasis areas for these activities are community mobilization, local organization capacity development, human resources, and training. Primary target populations include adult women and men and their families.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS and poverty.

In partnership with the KwaZulu-Natal (KZN) provincial government, ARK has established a comprehensive ART program in government primary health centers and hospitals. ARK works with the provincial government to identify sites and areas for capacity building in areas such as human resources, human capacity development, modest infrastructure improvements and service delivery. ARK's activities enable the provincial government to increase the number of patients counseled, tested, and provided ART and related services.

To date, PEPFAR funding has enabled ARK to successfully provide over 15,000 patients onto ART in KZN through the sustained development of primary care facilities and their down referral sites in five districts, in primarily peri-urban and rural communities.

With FY 2008 funding, ARK will focus on provider driven opt-out testing to all pregnant mothers entering the antenatal clinics, and CT services to children and spouses/partners of caregivers and other household members. This activity will be linked to home visits undertaken by ARK's community adherence workers. Home visits serve to evaluate the psychosocial situation of patients, the degree of family support, and issues related to disclosure. Although ARK's treatment target population is predominantly mothers, caregivers, and their spouses/partners and children, increased attention is given to encourage men, single women and children to come forward for testing and treatment.

ACTIVITIES AND EXPECTED RESULTS:

ARK's primary objective is to keep mothers alive to continue caring for their children and to reduce the incidence of orphans and vulnerable children (OVC). Early, widespread testing and access to ART reduces the likelihood of morbidity and mortality from HIV. This, in turn, increases the likelihood of survival of family units, which guard income security and ongoing nurturing required by children in these households. Furthermore, the psychosocial component of counseling and testing forms a vital component for behavior change.

ACTIVITY 1: Support to Provincial Government for CT Services

ARK works with the KZN provincial government to develop the necessary processes and systems to manage a comprehensive HIV and AIDS treatment program, and to ensure that the model created is scaleable, sustainable and replicable elsewhere. ARK, in partnership with KZN provincial government, will provide training and mentoring for government employed lay counselors and community adherence workers working at these primary sites where ARK's ART program exists. ARK will ensure that management systems are in place to support the work of the counselors and the delivery of CT.

ARK will strengthen or initiate CT services at all sites identified by the provincial health department and assigned to ARK for support. To better ensure sustainability, where possible, ARK will use the counselors available through the district HIV program. ARK will also employ counselors and train existing employed community care workers to provide counseling for CT services. Where infrastructure support is required, ARK will, in consultation with the facility managers and district managers, decide on the most cost-effective infrastructure support (prefab or modest renovations). ARK's OVC program, through the social workers and community workers placed at schools, will establish links with clinic services to ensure better and more efficient referral of children in need of testing and care, including their caregivers and immediate family.

ACTIVITY 2: Human Capacity Development

Formal and informal training and on-site mentorship will be provided to all lay counselors in the program. ARK, in partnership with the Centre for Social Science Research at the University of Cape Town, will continue to develop and improve training modules for lay counselors. The areas covered in training include basic and advanced counseling skills, positive living, disease progression, opportunistic infections, risk reduction for HIV transmission, and safer sex. Counseling and ongoing training will be in line with the National Department of Health’s (NDOH) guidelines. ARK will provide mentorship and supportive supervision to lay counselors in the program to ensure high-quality standards for CT. Nurses conduct testing, in accordance with NDOH standards, at the CT sites. Support in terms of systems management and coordination of lay counseling will be provided to CT sites.

ACTIVITY 3: Referrals and Linkages

Community care workers and social workers will be recruited to assist OVC and their caregivers in accessing ARK-assisted primary health facilities for CT. They will coordinate the referral system between caregivers, children and CT services. ARK will inform and coordinate activities with local NGOs, CBOs, and FBOs to establish effective referral networks for CT services. Lay counselors will refer HIV-infected individuals to ARK's ART sites.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7883

Related Activity: 13355, 13344, 13345, 13346, 13348

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22557	7883.22557.09	U.S. Agency for International Development	Absolute Return for Kids	9722	2787.09		$363,214
7883	7883.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13355	13355.08	6447	2787.08		Absolute Return for Kids	$727,500
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	23	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	170	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	33,733	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 268.08

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 2970.08

Planned Funds: $339,500

Activity System ID: 14272

Activity Narrative: SUMMARY:

Prevention efforts are key to reducing sexual transmission of HIV. In South Africa, the Population Council (PC) has implemented several prevention programs targeting men and women of reproductive age including young people, learners, as well as couples to delay sexual debut, promote faithfulness and mutual monogamy, promote voluntary counseling and testing and to reduce risk behaviors. With PEPFAR FY 2008 funds, PC intends to strengthen and expand these activities. The proposed activities are in response to requests from various government departments (provincial and national), and will draw upon exiting partnerships with South African institutions and organizations such as the Departments of Health and Education and the South African Council of Churches.

BACKGROUND:

Over the past years, the PC has developed expertise in developing strategies and interventions focused on preventing HIV transmission including promotion of counseling and testing. The first activity, which is co-funded by the Department of Health (DOH) seeks to operationalize the South African government policy and the national contraceptive guidelines by increasing counseling and testing (CT) uptake by family planning (FP) clients. These models have been implemented in three South African districts in 30 clinics in the North West province and will be introduced to all seven regions in the North West, Gauteng and the Eastern Cape provinces. The second activity builds on ongoing work with faith-based organizations (FBO) in the Eastern Cape. To date, earlier work examined ways of promoting mutual monogamy and promoting partner reduction among members of churches affiliated to the Eastern Cape Council of Churches. Most HIV transmission in sub-Saharan Africa occurs among people in stable sexual partnerships, and rates of HIV serodiscordance are as high as 20-30%. However, uptake of HIV testing has been extremely low, particularly couples' HIV testing. In this second activity, Population Council has been working with the Department of Education, the South African Council of Churches and local FBOs piloting interventions on AB in primary schools and mutual monogamy in churches in Mpumalanga and the Eastern Cape provinces, respectively. These community interventions have reached couples, church members, youths, teachers, learners, parents/guardians and other stakeholders. However, reaching an adequate number of men through churches is a major challenge because fewer men than women participate in church activities. The target population for this activity is men and women of reproductive age, program managers, program implementers, church leaders, NGOs and other stakeholders. The emphasize areas are gender, human capacity development (training), public health evaluations / targeted evaluations and strategic information.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training, Ongoing Quality Assurance and Supportive Supervision

PC will provide continued technical assistance (TA) for capacity building and support training on HIV and FP integration to DOH as they train providers in the three provinces. Developed training material and information, education and communication (IEC) will be shared with the national and provincial departments of health for adoption in various provinces. TA will be provided to adapt materials to provincial contexts for example addressing language. A register will be developed to keep track of the number of trained staff, staff turnover and to ensure completion of training for each provider in intervention clinics. Support to relevant DOH staff will be provided to strengthen and clarify supervisory roles and responsibilities. In addition, PC will plan and host, in collaboration with the NDOH, the review of the National Contraceptive Policy and Management guidelines with a view to integrating relevant HIV issues.

ACTIVITY 2: Development of Network/Linkages/Referral Systems

PC will facilitate the establishment of provincial fora to address challenges and solutions to the implementation of tested models of integrating HIV into FP. In order to ensure sustainability, PEPFAR funds will be used to support NDOH-to-province and province-to-province collaboration on the Maternal, Child, Women's Health and Genetics, Voluntary Counseling and Testing, Comprehensive HIV and AIDS, Care, Management and Treatment Plan programs. Strengthening referral systems for HIV-infected clients post CT will be one of the major foci in order to improve continuity of care. This activity involves raising awareness on the importance of creating links among treatment, care and support with FP services, so that HIV-infected clients can benefit from an effective referral system. Treatment sites as well as sites that provide care and support will be identified. Training will be provided to FP providers and lay counselors on appropriate referral and available sites for referral in the location. The target group for this activity includes healthcare providers, DOH program managers as well as community-based organizations and non-governmental organizations.

ACTIVITY 3: Continued Partnership with the National and Provincial Government

As part of aligning PC's work with government policy, PEPFAR funding will be used to enable the activity to work more closely with the NDOH national voluntary counseling and testing program and to continue working with the WHG program. PC will support the NDOH by providing TA to the department in terms of planning for scale-up of effective components and assisting in identifying key policy barriers in implementing integrated HIV and reproductive health services. Target groups for this activity include national and provincial CT program staff as well as other NDOH staff under the HIV prevention, treatment, care and support program. This activity will assist the South Africa PEPFAR program to reach its goal in both care and treatment by strengthening the continuum of care with the particular Population Council emphasis on designing sustainable programs and service improvements.

ACTIVITY 4: Creating Conditions for Scale-up and Capacity Building

An evaluation of the effectiveness of integrating HIV into FP services will be completed. Funds will be used to develop and modify evaluation tools, train field workers, and to collect and analyze data. In addition, seminars will be conducted with relevant stakeholders to encourage information dissemination and use. At these seminars, innovative interventions on how to increase CT uptake will be discussed, as well as how to continue strengthening the continuum of care and support for HIV-infected individuals. This activity will assist the South Africa PEPFAR program to reach its goal in both care and treatment by strengthening the continuum of care.

Activity Narrative:

ACTIVITY 5: Promoting couples' HIV counseling and testing through FBOs and churches

FY 2008 funds will be used to continue to work with couples with expansion to include faith-based interventions emphasizing couple CT. The emphasis will be on increasing uptake of couples for HIV voluntary counseling and testing (CHCT). Through CHCT, couples can learn their HIV status together as a unit. When partners test separately as individuals, disclosure rates are low, and there is no planning for risk reduction. CHCT is an effective prevention intervention; it facilitates disclosure and allows the couple to jointly plan for risk reduction. However, CHCT is underutilized. Demand for CHCT is low for a number of reasons including high stigma, belief that monogamy is safe, gender inequalities between husband and wife, and lack of knowledge about the benefits of CT or where it can be obtained. Additionally, few counseling and testing sites provide appropriate CHCT or provide support for discordant couples, and few healthcare providers are trained in CHCT. In other words, health centers tend not to be very couple-friendly for HIV testing. Therefore, a faith-based CHCT may have to take advantage of being able to provide a more couple-friendly environment that facilitates couples testing. Church leaders and counselors have been unofficially involved with facilitating disclosure among couples in their congregation. Therefore, church leaders can be used to promote CHCT.

The proposed evaluation will be designed to determine the effectiveness of a faith-based intervention in increasing uptake of couples HIV counseling and testing and document how it can be implemented by FBOs and churches.

Appropriate influential church member couples will be used to promote and encourage CHCT through church interventions. This will be supplemented with congregation-wide messages on couple testing. This will be implemented in 10 churches in Alice (Eastern Cape), where CT is available at the existing FBO-run hospice. Five churches will be selected as non-intervention churches and data will be collected and compared with the intervention churches.

In-depth interviews with male and female church members who are married or cohabiting will be conducted in order to understand the facilitators of and barriers to couples counseling and testing. The findings about their relationships and their perceptions and attitudes about CHCT will guide the intervention and couples' counseling sessions to appeal to couples to attend CHCT. To support CHCT, a faith-based intervention will be appropriately designed to meet the needs of HIV discordant couples. This intervention will focus on assisting couples develop a long-term plan to help reduce the chances of HIV transmission to the negative partner and help the HIV-positive partner live positively. This study will accomplish all this in a period of two years.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7612

Related Activity: 14269, 14574, 14270, 14575, 14271, 14273, 16316, 16317

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23034	2970.23034.09	U.S. Agency for International Development	Population Council SA	9878	268.09		$0
7612	2970.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	$0
2970	2970.06	U.S. Agency for International Development	Population Council	2651	268.06	Frontiers	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	48,900	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	198	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Integrating Counseling and testing into FP: The Population Council is working in collaboration with the National Department of Health (NDOH) and in North West province (NWDOH), to strengthen the overall CT uptake rates in 48 facilities. The NDOH and NWDOH are actually providing the CT services; however, the Population Council is having a significant indirect impact on the increasing uptake and quality of services through ongoing training, mentoring, job aides, and monitoring of the implementation through site visits. Population Council supports 24 intervention clinics in the NW.

Promoting couples' HIV counseling and testing through FBOs and churches: Fifty church leaders, five from each of the participating churches, will receive training on HIV/AIDS and the importance of couple's counseling and testing. After this training the church leaders will conduct workshops in their churches with couples, people in partnership and youth.

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4616.08
Mechanism: N/A
Prime Partner: CARE International
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: 12417.08
Planned Funds: $211,824
Activity System ID: 13706

Activity Narrative: SUMMARY:

CARE serves as an umbrella grant making mechanism for the Centers for Disease Control and Prevention (CDC). CARE's responsibility is the financial oversight of the grant, including review of the financial reports and on-site assessment of the supporting documentation.

ACTIVITY 1:

CARE is responsible for the contractual arrangements of the sub-grants with CDC/Atlanta. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa, in support of PEPFAR goals. CARE will prepare all supplemental and continuation applications, and ensures that progress reports are received by the sub-grantees. CDC activity managers will be responsible for the technical review of the sub-grantees, and thus their targets for the CT program.

ACTIVITY 2:

CARE is responsible for financial oversight of the sub-grants. This activity entails the review of financial reports submitted by the grantees on quarterly or semi-annual basis. CARE will also conduct on-site assessments of supporting documents to ensure compliance to contract. These assessments will be conducted on every six months. CARE will also ensure that progress reports are received from sub–grantees, and are approved by the activity managers of CDC South Africa on a quarterly/semi-annual basis, prior to the disbursement of continuation funding.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12417

Related Activity: 13701, 13702, 13707, 13703, 13704, 13705, 15872, 16022

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22638	12417.22638.09	HHS/Centers for Disease Control & Prevention	CARE International	9742	4616.09		$0
12417	12417.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	$287,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510
13702	12253.08	6577	4616.08		CARE International	$28,226
13704	7873.08	6577	4616.08		CARE International	$2,437,830
13705	12511.08	6577	4616.08		CARE International	$0
15872	15872.08	7279	7279.08		African Medical and Research Foundation	$455,000
16022	16022.08	7315	7315.08	Care UGM	Scientific Medical Research	$1,000,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Coverage Areas

Eastern Cape

Gauteng

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 190.08
Mechanism: N/A
Prime Partner: Aurum Health Research
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: 2915.08
Planned Funds: $1,340,000
Activity System ID: 13686

Activity Narrative: SUMMARY:

The Aurum program provides HIV counseling and testing (CT) for patients in private general practitioner (GP) practices and non-governmental sites. Where Aurum provides support in the public sector, the voluntary counseling and testing (CT) human resources and commodities are provided by the South African government. Emphasis areas include human resources, commodity procurement and quality assurance. The primary target populations are people living with HIV (PLHIV), HIV-infected children, prisoners, homeless people and street youth. The SME Project will continue and expand counseling and testing services offered to SME employees, their partners and dependents through fixed and mobile sites located within targeted workplaces, mobile clinics and sites located within taxi ranks.

BACKGROUND:

Aurum Institute for Health Research (Aurum) is a not-for-profit, public benefit organization that is committed to improving the health of disadvantaged individuals and communities through transformational research (the research programs are not PEPFAR-funded), management of TB and HIV programs and provision of HIV testing, treatment and care. The main focus of the Aurum program in the public, private and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and designed to be implemented on a large scale in peripheral sites that are resource-constrained and lacking basic resources such as HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum has established a centralized system of support which includes (1) training of all levels of healthcare workers to ensure capacity building of clinicians to manage patients in resource limited settings with remote HIV specialist support; (2) providing and maintaining guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and CT; (3) providing clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management systems; and (4) maintaining a centralized distribution of medication and laboratory testing. This program will supplement the South African government's antiretroviral rollout and therefore the program adheres to national guidelines and protocols. This is an ongoing program funded by PEPFAR since October 2004. It is a facility-based program in which Aurum works with general practitioners, a faith-based organization (FBO) and within the public sector. In addition the SME Project will expand its services to three additional fixed sites and two additional mobile clinics within Gauteng, Mpumalanga and Limpopo.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establishing Capacity for CT

This activity will take place in two primary health clinics and two prison clinics. This activity will include the provision of and training of staff in these clinics as well as provision of running expenses for these clinics.

ACTIVITY 2: Counseling and Testing

HIV counseling and testing is conducted at selected GP sites, primary health centers and mobile units. The counseling and testing includes pre- and post -test counseling and rapid finger prick testing with a screening and a confirmatory test. Provision has been made for the mobile units.

ACTIVITY 3: Quality Control of HIV Testing

External Quality control is done at Aurum CT sites. Specimens are supplied on a monthly basis to the CT sites and each staff member on site tests these. This is reported to Aurum by Thistle. Feedback on these results is given at the quarterly refresher training.

ACTIVITY 4: Training on Voluntary Counseling and Testing

A five-day course is given to all new personnel involved in CT. In addition, an annual meeting is held and new findings, discussions on counseling, running of support groups are covered. Training includes a focus on stigma and discrimination.

ACTIVITY 5: Data Management

All encounters are recorded on a standardized form and then captured onto a centralized database that is used for reporting.

ACTIVITY 6: Supply and Distribution of Testing Kits

Kits are ordered using a form that is faxed to, and authorized at, Aurum. The supplier then delivers the kits to the sites.

ACTIVITY 7: Marketing and Promotion

Educational pamphlets and campaigns are provided. Various methods are being used to market and encourage counseling and testing. Some sites (MES and Aurum Klerksdorp) run CT campaigns over short periods of time. Other sites run activities on commemorative days such as Valentine's Day and World AIDS Day. Marketing material is developed locally by the site according to their needs.

ACTIVITY 8: Expansion of Counseling and Testing in SME Sector
Activities in FY08 will include the expansion of counseling and testing services to additional sites in SMES in Witbank Central Business District and Polokwane Central Business District. In addition an additional fixed site will be established in partnership with the City of Johannesburg. This will enable market traders, taxi drivers, commuters and SME employees and their dependents to access counseling and testing. Partnerships will continue to be to be developed with individual SMEs to provide counseling and testing onsite, within occupational health clinics where they exist or within Aurum's mobile vehicles. Additional staff

Activity Narrative: will be hired and trained to provide these services. In addition, occupational health staff will also be trained and supplied with testing kits. As yet there remain restrictions of the use of rapid test kits by persons not registered with the Health Professions Council but in the event of a change in the regulations, Aurum will be in apposition to test and equip a number of lay counselors to also perform rapid testing.

Aurum will contribute to the PEPFAR 2-7-10 goals by promoting and providing counseling and testing services to allow for entry into HIV care and treatment programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7299

Related Activity: 13689, 13690, 13684, 14339, 13685, 13688

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29159	29159.06	HHS/Health Resources Services Administration	Catholic Relief Services	11895	11895.06		$3,094,749
29158	29158.06	U.S. Agency for International Development	Children's AIDS Fund	11894	11894.06		$291,025
29157	29157.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	11893	11893.06		$3,696,000
29156	29156.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	11893	11893.06		$2,904,000
29154	29154.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	11892	11892.06		$676,440
29152	29152.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	11891	11891.06		$676,440
29151	29151.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	11890	11890.06		$676,440
29150	29150.06	U.S. Agency for International Development	Hope Worldwide Nigeria	11889	11889.06		$163,869
22609	2915.22609.09	HHS/Centers for Disease Control & Prevention	Aurum Health Research	9737	190.09		$1,301,012
7299	2915.07	HHS/Centers for Disease Control & Prevention	Aurum Health Research	4369	190.07		$2,200,000
2915	2915.06	HHS/Centers for Disease Control & Prevention	Aurum Health Research	2626	190.06		$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	146	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	37,200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Eastern Cape

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2790.08 **Mechanism:** N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3308.08

Planned Funds: $291,000

Activity System ID: 13712

Activity Narrative: SUMMARY:

Catholic Relief Services (CRS) activities are implemented to support provision of counseling and testing (CT) under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 field sites in 8 provinces in South Africa. The program aims to establish the HIV status of as many residents of the catchments area of each site as possible, with a view to determine their CD4 counts, so that they can be placed on ART as soon as necessary. Major emphasis is placed on community mobilization/participation, with minor emphasis given to the development of network/linkages/referral systems, development of human resources and training. Specific target populations include the general population, people affected by HIV and AIDS, nurses and other healthcare workers.

BACKGROUND:

AIDS Relief (the Consortium led by Catholic Relief Services) received Track 1 funding in 2004 to rapidly scale-up ART in nine countries, including South Africa. In FY 2005, FY 2006 and FY 2007, PEPFAR funding was received to support central funding, with continued funding applied for under COP 2008. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health (DOH) in which they operate, observing the national and provincial protocols. Many patients present themselves for CD4 tests and/or ART after having undergone CT at the South African Government (SAG) clinic.

Contrary to initial expectations, the most difficult issue has been ensuring that men benefit from the CT activities offered. It is mostly women who undergo CT at the field sites. At each field site, home-based caregivers, who are based in their communities, are vigorously recruiting men to undergo CT. A problem experienced by all treatment programs in South Africa is the reluctance of males to present themselves for treatment. CRS sites attempt to overcome this by encouraging females to attend adherence sessions with their partners. Once the participation of males has been secured in this way, they are encouraged to undergo CT and/or CD4 testing.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008 AIDSRelief will continue implementing the activities in support of South African national ARV rollout. Of the 25 existing field sites, activated in program year 1 (March 2004 - March 2005), two have transferred all their ART patients into the SAG rollout, and have ceased providing treatment, and two new field sites have been activated in the same period of FY 2007 to replace them..

ACTIVITY 1: Support for SAG Rollout

Two new field sites have been activated in FY 2007 period to enroll additional ART patients in support of the SAG rollout plan. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

At each field site, staff are trained in counseling techniques, including the provider-initiated testing and counseling (PITC) in support of the HIV & AIDS and STI National Strategic Plan, 2007-2011. Trained nurses are employed at each site, and they are able to perform rapid tests. Those patients who are identified as HIV-infected undergo CD4 and viral load tests. If their CD4 count is below 200, they commence with ART. The home-based caregivers provide care to large numbers of patients, many of them not necessarily people living with HIV. The caregivers are trained to be aware of possible symptoms that might be AIDS-related (for example, weight loss or persistent diarrhea). Where a caregiver suspects that illness might be AIDS-related they give the patients appropriate counseling and advise them to be tested.

In sites with onsite medical services, counseling and testing will be provided by trained nurses and counselors, though the majority of patients in the AIDSRelief program receive free counseling and testing in public sector facilities. Commodity procurement (test kits) is provided for by Department of Health.

All activities will continue to be implemented in close collaboration with the South African Government's HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the South African Government's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the South African Government, thus ensuring long-term sustainability.

FY 2008 COP activities include the provision of PITC for all patients visiting the partner treatment sites, as well as family-oriented CT which will try to include all members of a family of the person currently on ART. These activities are in line with the efforts to encourage testing for HIV for increased number of people, while leaving them the option of refusing the testing if they feel they should not have it. Application of rapid tests of a non-blood nature, are being considered as one of the tools in the implementation of the program, along with PCR testing for children younger than 12 months. It is hoped that the increased rate of voluntary testing for HIV and AIDS will assist additional people who are in need of treatment across the program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7488

Related Activity: 13710, 13711, 13715, 13713, 13714, 13716

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22648	3308.22648.09	HHS/Health Resources Services Administration	Catholic Relief Services	9747	2790.09		$300,980
7488	3308.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		$150,000
3308	3308.06	HHS/Health Resources Services Administration	Catholic Relief Services	2790	2790.06		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	25	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	250	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,621	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 255.08

Mechanism: TASC2: Intergrated Primary Health Care Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 2951.08

Activity System ID: 14000

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: $339,500

Activity Narrative: SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision and referral of basic care and support to those who have tested HIV positive in 80 public health facilities (hospitals and clinics) in eight districts and five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). This activity will support HIV voluntary counseling and testing (CT) services for men, women, and youth with specific focus on out-of-school youth in facilities supported by IPHC. IPHC will prioritize the provision of these services to men, as this needs improvement. The primary emphasis area is quality assurance and supportive supervision, additional emphasis on training and the development of networks/linkages/referrals. This activity also aims to test pregnant women and facilitate access to prevention of mother-to-child transmission (PMTCT) and antiretroviral (ARV) services. The target population is secondary school students, adults, family planning clients, pregnant women, nurses, and other healthcare workers.

In FY 2008, IPHC will align its activities with the recently launched HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). IPHC will work with 80 public health facilities to make CT widely accessible and available and implement provider-initiated testing and counseling (PITC) in public health facilities as recommended in the NSP.

BACKGROUND:

CT is the building block for all HIV and AIDS programs and it is an important activity in all IPHC-supported facilities. This activity is a continuation of activities initiated in the FY 2007. IPHC directly supports all activities and works closely with counterparts from the health departments at district and provincial levels to increase the number of service outlets that make counseling and testing (CT) widely available. Activities will include training of healthcare providers (professional and non-professional) on CT, couple counseling, and methods of integrating PITC into primary healthcare services such as tuberculosis (TB), sexually transmitted infections (STI), antenatal care (ANC) and family planning (FP). There will be a special emphasis on expansion of CT services to both in- and out-of-school youth. IPHC has trained Clinic Youth Mentors on HIV and AIDS so they can work closely with the health facility personnel to encourage other youths who come to the health facilities to be tested for HIV. Youth mentors motivate other youths to take up the test as part of the “Know Your Status Campaign”. Once youth agree to test, they are referred to the professional nurses in the health facilities who do the actual counseling and testing.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

IPHC Project will train 300 healthcare providers (professional and lay) in CT skills in FY 2008. There is a high staff turnover in the rural project sites. New professional nurses who come into the system each year are not trained in CT. Most training institutions do not include CT in the pre-qualification curriculum of professional nurses, which creates a need for CT at the beginning of each year. The project will use training material developed by the NDOH. The training will enhance the quality of CT provided to clients through mentoring supervision and by increasing the number of health facility staff that can provide CT. IPHC will build the capacity of health providers to go beyond CT by supporting post-prevention services that include the formation of pre- and post-test clubs to support those that have tested HIV negative and to encourage a reduction in risky behavior among clients that test HIV positive. Clients that have tested HIV positive will be encouraged to join a support group to focus on maintaining their health and referred to treatment and care for CD4 count testing and staging.

ACTIVITY 2: Increasing CT among Youth

IPHC recently started a program aimed at training Clinic Youth Mentors in HIV and AIDS. The Mentors are 18-23 year olds who are placed at the health facilities. They work with other clinic staff to encourage other youth who visit the facilities to accept CT and other services. They also visit schools, give talks to other youth on the advantages of testing, and motivate young people to test for HIV, so they will know their status. IPHC places one male and one female in each facility. The male Clinic Youth Mentors are critical in motivating other male youth to use CT. Using USAID child survival and family planning funds, the Clinic Youth Mentors have been trained to provide counseling and to encourage those who come to the facilities for FP, STI and ANC to have an HIV test. IPHC will implement the Clinic Mentor Program in the health facilities they are working in, and special attention will be given to the skills and attitudes of healthcare providers to ensure that the facility staff support the youth. This will be done through training on interpersonal relationships, and building an understanding of how cultural and social differences affect the youth's access to health services. Training of youth from the communities and their work with in- and out-of-school youth will increase community awareness. IPHC will facilitate community mobilization, networking and establishment of linkages between community structures, health facilities and universities to ensure greater community participation. Establishment of support groups to ensure greater participation of people living with HIV (PLHIV) will increase access to CT through community awareness and reduction of stigma and discrimination.

ACTIVITY 3: Improving the Quality of CT

This activity will focus on continuous improvement in the quality of the CT services provided at the 80 facilities that IPHC supports. Evidence from IPHC-supported facilities indicates that a large number of ANC clients are not tested for HIV. Various factors affect the quality of CT; these include the training of the CT providers, the physical settings in the facilities as well as burnout in the counselors. IPHC will provide ongoing supportive supervision by building human capacity, address staff burnout and shortages to ensure an improved quality of services at district level. Supervision and mentoring will focus primarily on clinic supervisors and program managers, thus building their capacity to mentor and supervise other healthcare providers. IPHC will also train the members of the HIV, AIDS, STI and TB (HAST) committee, clinic committees and hospital boards to monitor and support the provision of these services. IPHC will support district facilities to ensure that quality data management processes are put in place.

FY 2008 COP activities will be expanded to include:

Activity Narrative: - Advocate for psychiatric nurses and psychologist in the district health system to facilitate debriefing session of the counselors.
- Administer the District STI Clinic Assessment (DISCA) tool in all supported facilities to improve STI management and also increase CT service to STI clients.
- Directly observe and monitor CT sessions in order to make relevant inputs to improve quality of the counseling provided.
- Promote CT in hospital maternity sections and family planning clinics.
- Increase the integration of CT package in ANC.
- Increase provider-initiated testing and counseling to all STI and TB clients treated more than 90% per supported facility.
- Increase male CT uptake by involving the Men As Partners program in selected facilities.

IPHC will contribute to the PEPFAR goals of providing care to 10 million HIV-affected people, and ultimately will assist in meeting PEPFAR's goal of providing treatment to HIV-affected people. In addition, these IPHC activities will address the priority area of increased linkages between CT services and health systems networks as laid out in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7556

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7556	2951.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$350,000
2951	2951.06	U.S. Agency for International Development	Management Sciences for Health	2644	255.06	TASC2: Intergrated Primary Health Care Project	$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	85,000	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	80	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	40,000	False

Indirect Targets

In addition to direct reach, IPHC will indirectly support the overall CT program in the health districts where they work by training health workers (lay and professionals). The project will also provide on-going coaching to professionals at provincial level.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	479.08	**Mechanism:**	N/A
Prime Partner:	Humana People to People in South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09

Activity ID: 3021.08

Planned Funds: $582,000

Activity System ID: 13979

Activity Narrative: SUMMARY:

Humana People to People (Humana) implements an HIV prevention program called Total Control of the Epidemic (TCE). TCE's voluntary counseling and testing (CT) program focuses on (a) providing counseling and testing (CT) to household members during home visits; (b) training lay counselors; (c) supporting South African Government (SAG) services through human resources; (d) piloting mobile testing; and (e) following up with household members to ensure that counseling and testing took place. The major emphasis area of the CT program is community mobilization/participation, while minor emphasis areas are development of network/linkages/referral systems and training. Key target populations are men, women, pregnant women, discordant couples, migrants, community leaders, and traditional healers.

BACKGROUND:

Humana first launched TCE in Zimbabwe in 2000, and since then, TCE has been implemented in eight countries in southern Africa reaching a population of five million people. This program trains community members as Field Officers (FOs) to utilize a person-to-person campaign methodology to reach every single household within the project target area with a comprehensive HIV and AIDS program that includes prevention, CT, and palliative care. Humana received its first PEPFAR funding in July 2005. By FY 2007 Humana was managing five PEPFAR-funded TCE areas in the province of Mpumalanga and one TCE area in Limpopo province. With FY 2007 funding, Humana will add palliative care activities to its program. Humana has previously implemented care programs with TCE and other community programs in South Africa. Furthermore, Humana is, at present, implementing the TRIO program, a public-private partnership with Johnson & Johnson that provides support for people on antiretroviral treatment in Limpopo and Gauteng. Lessons learned from this program and from similar activities in Botswana will be applied to activities. Humana works in partnership with the SAG, and the Ehlanzeni and Mopani District Municipalities are major partners of the program contributing with significant counterpart support. Humana's program has received a number of awards, including the 2003 Stars of Africa Award (in partnership with Johnson & Johnson) for best Corporate Social Investment Program within Health/HIV/AIDS in South Africa. In 2008, TCE will expand its outreach activities with funds from the Global Fund through the South African National Council on AIDS (SANAC).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

TCE will increase the capacity of services for CT in the target areas by establishing two CT sites. TCE will train two nurses and six counselors for each site. The nurses and counselors will all receive a once-off training on CT and thereafter they provided with quarterly training on data management, referrals and linkages and other refresher courses. Counselors will be trained in accordance with SAG policy and guidelines. In addition, TCE will support the salaries of retired private sector nurses to provide testing services.

ACTIVITY 2: CT Promotion and Support

CT sites will actively target couples and encourage them to go for counseling and testing as a strategy for reaching both women and men. The sites will also actively seek to test children of HIV-infected people. The TCE Field Officers will mobilize and refer clients to the CT sites. In addition, TCE encourages the FOs and community volunteers (Passionates) to know their own status and thereby become good role models to other members of their community. The FOs are trained as lay-counselors and will follow-up with people after testing and offer them the necessary ongoing support, either through referral to existing services or by establishing their own support systems, e.g. Positive Living Clubs and support groups.

ACTIVITY 3: CT Services

Based on previous experience, TCE has identified a need for increased access to CT in the areas where TCE operates. Since 2005, Humana collaborated with loveLife, a South African NGO, to run a CT center from the TCE offices at Bushbuckridge in Limpopo province. Negotiations are taking place with the District Department of Health for TCE to start its own site and to work at public CT sites. In July 2007 Humana obtained permission to start CT in Mopani District. Humana will have established two CT sites in FY 2007, and these will be maintained in FY 2008. The CT sites together with the home-based care program will be administered under a sub-program called Hope, which will continue to service each area after the three-year TCE campaign ends.

ACTIVITY 4: Mobile Testing

Experience in the field has shown that many people cannot spare the time or money to visit their local CT site. Experience in other TCE programs has demonstrated that mobile testing in communities has increased the number of people tested. TCE is at present in negotiation with the District Department of Health about mobile testing. Humana will carry out mobile testing from the two sites, both designed to ensure confidentiality, at places in the communities to increase the accessibility to testing. These sites could be established at a school, youth club, church or any other public site. In FY 2007, Humana will explore possibilities of doing home-based testing. TCE is already carrying out home-based testing in Zambia and Mozambique, where FOs are legally permitted to test.

ACTIVITY 5: Linkages With Sectors and Initiatives

In addition to running its own sites, TCE mobilizes community members to go for testing at public CT sites, educates pregnant women about PMTCT, and makes referrals to antenatal clinics. Other TCE collaborative activities include:
(a) working with PEPFAR partners and SAG hospitals to facilitate access to antiretroviral treatment and related services such as support groups;
(b) conducting TCE-run activities for palliative care, which may absorb some of the needs identified by the FOs during their door-to-door-campaign or at TCE's CT sites;
(c) Strengtheing a partnership with the TB sub-directorate in the Ehlanzeni and Mopani districts, as FOs are

Activity Narrative: trained to raise awareness about TB, make referrals to clinics and collect sputum;
(d) cooperating with SAG departments including the Department of Social Development to ensure that orphans and vulnerable children (OVC) and people living with HIV who are identified through household visits are able to access social grants;and
(e) working with the Department of Education to ensure children and youth access education and receive information and education on HIV and AIDS.

These activities will contribute to the PEPFAR goal of providing care to 10 million HIV-affected individuals through an increased number of people being tested and knowing their status resulting in fewer infections; reduction of stigma as a result of more people knowing their status; higher gender equity through counseling (individuals/couples); increased lifespan due to timely treatment of opportunistic infections, positive living, monitoring of CD4 counts and entry to treatment programs before developing AIDS; and strengthened linkages between services offered by government and other organizations

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7625

Related Activity: 13976, 13977, 13978

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23167	3021.23167.09	U.S. Agency for International Development	Humana People to People in South Africa	9928	479.09		$565,066
7625	3021.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		$600,000
3021	3021.06	U.S. Agency for International Development	Humana People to People in South Africa	2673	479.06		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13976	3020.08	6672	479.08		Humana People to People in South Africa	$1,267,000
13977	7884.08	6672	479.08		Humana People to People in South Africa	$430,500
13978	7885.08	6672	479.08		Humana People to People in South Africa	$339,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	16	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas
Limpopo (Northern)
Mpumalanga

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4755.08	**Mechanism:**	N/A
Prime Partner:	Mpilonhle	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	8247.08	**Planned Funds:**	$250,000
Activity System ID:	14030		

Activity Narrative: SUMMARY:

Mpilonhle is a new South African community-based organization (CBO). It was registered in 2007 with the South African Directorate Non-Profit Organisations. Mpilonhle is dedicated to improving the health and well-being of adolescents in high schools in Umkhanyakude District Municipality, KwaZulu-Natal through its "Mpilonhle Mobile Health and Education Project". Operations will begin in late 2007 with a single counseling and testing (CT) mobile unit funded by Oprah's Angel Network, and later, will expand with two further mobile units funded by PEPFAR. The organization is currently recruiting and employing staff, which is expected to grow to 40. Staff will be based in the Mpilonhle office in Mtubatuba in KwaZulu-Natal.

Mpilonhle's counseling and testing (CT) activities include (1) schools-based health screening, and (2) community-based health screening. These services will be delivered through mobile clinics and mobile computer laboratory facilities to 12 secondary schools and 24 community (non-school) sites at Umkhanyakude District in rural KwaZulu-Natal province.

Emphasis areas include gender, human capacity development, and strategic information. Target populations include adolescents aged 10-24 years and adults.

BACKGROUND:

This is a new activity that will be implemented by the prime partner, Mpilonhle, a newly established non-governmental organization (NGO). The program has broad support from district and provincial South African government leadership. PEPFAR funds will be used to establish the infrastructure, to purchase mobile vans, equipment and operational costs to run the program. Mpilonhle will implement activities in Umkhanyakude District, the poorest and most rural district in KwaZulu-Natal province, and one with high HIV prevalence. Activities will take place in 12 representative rural secondary schools that are affected by physical remoteness, poor health conditions, and inadequate resources, and in 24 community (non-school) sites. Partners include the Department of Education, the South African Democratic Teachers' Union, district health services, and district and municipal leadership.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Schools-based Health Screening

A health counselor will provide secondary school students with (a) an annual individualized health screening that includes CT, screening and referral for common health problems; (b) counseling or referral to further services for prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), TB and psychosocial support; and (c) referral to a social worker for assistance with accessing government grants and support for people living with HIV (PLHIV). School principals, local Department of Education officials, district and municipal mayors and focus groups of teachers and students have expressed the community's acceptance of schools-based CT.

ACTIVITY 2: Community-Based Health Screenings

This activity will be conducted by health counselors at 24 community-based sites outside schools. Community-based health screenings will consist of a core of HIV preventive services including individualized CT; personalized ABC counseling, and condom provision to sexually active individuals; referrals to other community-based services for PMTCT, ART, TB and psychosocial support; referrals to a social worker for assistance with accessing government grants and support for orphans and vulnerable children (OVC) or PLHIV; general health screening and referral for care and other services as required; basic computer training to community members; and group HIV and health education sessions.

ACTIVITY 3: Mobile Facilities

These counseling activities will be provided through mobile facilities. Each mobile facility will consist of a paired-up mobile clinic and mobile computer laboratory, staffed by one primary care nurse, four health counselors, one health educator, and one computer educator. Each mobile facility will visit a participating secondary school one week per month for eight months per year. This will allow each mobile facility to serve four secondary schools per school year. The project will have three mobile facilities, allowing Mpilonhle to serve 12 secondary schools in total. Each participating secondary school has an average of 800 students, and will offer the first three activities described above. Six of the 12 schools have been pre-selected.

ACTIVITY 4: Counseling and Testing

CT will be conducted using South African Government (SAG) approved algorithms, test kits and guidelines and procedures. Health counselors will be trained in SAG-approved CT programs and will use SAG-approved HIV CT protocols. External Quality Assurance methods will be used to check the service quality. Health screening will use an Electronic Medical Record (EMR) system implemented on handheld computers, programmed with health screening guidelines, algorithms, and series of questions that must be followed by the counselors. These will save individual screening results into a medical record. EMRs facilitate collection of timely, high quality and easily analyzable data. EMRs also contribute to quality control by minimizing missing data, and by enforcing and monitoring conformity to protocols and guidelines. The data collected by the EMR system will include indicators of acceptance of pre-test counseling, testing, results, post-test counseling, data on HIV status, and on sexual behavior.

Persons who are HIV-infected will be referred to the program nurse for further evaluation, including CD4 testing, which will be done at Department of Health laboratories. People who meet initial screening criteria for antiretroviral treatment (ART) will be referred to the Hlabisa Health sub-district ART program at one of the DOH clinics. Persons screened for TB will also be referred for TB management at district clinics.

ACTIVITY 5: Human Capacity Development

Sustainability of activities is facilitated by building human capacity in remote rural areas. Mpilonhle will maximize the capacities and skills of relatively abundant lay health workers to enable them to perform

Activity Narrative: critical yet currently scarce services such as HIV counseling, health screening and personalized risk assessment, and health education. This skills development in lay health workers will shift the burden of these activities away from relatively scarce professional health workers like nurses and doctors. Mpilonhle will build the technical expertise and capacities of lay health workers through rigorous training and regular refresher courses and through the technological support provided by the information technology components of the program. Sustainability is facilitated by political commitment from district and municipal governments, and the local Department of Education to scaling-up and to fund-raising in support of such scaling-up.

These activities will contribute to PEPFAR 2-7-10 goals of promoting counseling and testing for HIV among secondary school students and adults in the general population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8247

Related Activity: 14026, 14027, 14028, 14029

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22988	8247.22988.09	U.S. Agency for International Development	Mpilonhle	9854	4755.09		$242,726
8247	8247.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	$260,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14026	8238.08	6688	4755.08		Mpilonhle	$300,000
14027	8241.08	6688	4755.08		Mpilonhle	$250,000
14028	8243.08	6688	4755.08		Mpilonhle	$150,000
14029	8246.08	6688	4755.08		Mpilonhle	$540,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	12	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	18	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,500	False

Indirect Targets

Not applicable.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1066.08	**Mechanism:**	PHRU
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3100.08	**Planned Funds:**	$773,000
Activity System ID:	14266		

Activity Narrative: SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care and support for people living with HIV (PLHIV). PHRU will use PEPFAR funds to promote voluntary counseling and testing (CT) through HIV prevention workshops and health promotion activities, and to pregnant women at PMTCT to increase uptake of CT for HIV. In particular, services will be promoted to men in an effort to increase gender equality in HIV and AIDS programs and make them available to adolescents as part of a prevention program. The major emphasis area is human resources; minor areas include local organization capacity development, community mobilization/participation, and information, education, and communication. The target populations are the general population with a focus on men and adolescents.

BACKGROUND:

This CT program is an ongoing activity operated in partnership with a local non-governmental organization, HIVSA, and other CT organizations in Soweto (Gauteng). The program will be expanded to rural Limpopo and Mpumalanga. Women have mainly accessed HIV services in Soweto and this project aims to improve gender equity in these services. In June 2005, the IMBIZO project, which broadens access to HIV and AIDS information, was established. This project was designed to enhance male involvement in counseling and testing and other health services. IMBIZO drop-in centers operate five days a week and are located close to areas where men congregate and are easily accessible. The concept of the IMBIZO program is one designed by men for men and evolved from research that indicated that men preferred to be counseled by men at locations away from the primary healthcare clinics. Within the project, marginalized communities such as men who have sex with men are encouraged to access CT. A focus of this program is to reduce stigma associated with HIV, to encourage disclosure, to support partners and family members with HIV and to promote active engagement with HIV services. A program promoting IMBIZO to partners of pregnant women is being run in the antenatal clinics, with the aim of increasing male involvement in PMTCT and fatherhood. Reduction of violence and coercion, also main components of IMBIZO, is a major focus of the program. Outreach activities take place in prisons, workplaces, hostels, sports matches and other places where men congregate. PHRU offers a couple counseling service called "Tshwarisanang" through external foundation funding and all other PHRU CT services can refer to them.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: IMBIZO - Men's Health Centers

Male IMBIZO centers are funded by PEPFAR. The project receives approximately 300 drop-in clients and performs approximately 140 CT each month. A male registered nurse manages the program. Clients are referred to local clinics for HIV services and treatment. Stigma decreases men's uptake of CT services and innovative strategies to increase men using CT are being developed. At-risk male populations such as men who have sex with men, migrants, and prisoners are focus populations. This program will expand to rural Mpumalanga provinces. Information on TB, PMTCT, HIV services, prevention, nutrition, etc., is available. Clients are counseled on prevention and condoms are distributed. Support is given to clients to encourage disclosure, to decrease stigma, to mitigate domestic violence, and to provide support to partners. To increase male support of PMTCT programs, pamphlets have been designed for male partners of pregnant women that explain PMTCT, encourage active involvement in fatherhood, and encourage men to access the IMBIZO centers and to go for CT. Outreach activities take place regularly with community organizations, workplace programs, and health services. Mobile CT is used to take CT to communities that do not have easy access to healthcare services. A focus of this program is to reduce stigma, increase male involvement in all services relating to HIV thus increasing gender equity. U.S.-volunteers will support the rural program.

ACTIVITY 2: Adolescents

Adolescents have special healthcare needs which they are often reluctant to address; some of these are sexuality, pregnancy, drug and alcohol abuse, sexually transmitted infections (STI), gender and mental health issues, coercion, violence, transgenerational sex and abuse. They are at high risk of contacting HIV and other STIs. Through a proposed specialized adolescent clinic PHRU will address these needs with FY 2007 PEPFAR funding by offering comprehensive counseling and care services that are youth-friendly, confidential and empowering to clients so that they may make informed and responsible healthcare choices, including being empowered to abstain and delay sexual debut. Through CT, education and counseling, PHRU will increase awareness of HIV. The clinic in Soweto will be based close to places to where adolescents congregate. Services will comprise CT and confidential and free care; information, education and counseling on sexual and reproductive health; health information; counseling and appropriate referral for violence abuse and mental health issues; contraceptive information and counseling on individual choices; STI information, including information on effective prevention; and syndromic management of STIs. PEPFAR funds will be used to establish and staff this project.

ACTIVITY 3: CT Plus

In the Western Cape a mobile CT program providing counseling and testing, point of care CD4 counts, TB screening and referral into care and ART services programs will be supported. The Western Cape has very high TB prevalence. This program will provide CT to underserved populations.

ACTIVITY 4: Couple Counseling

PEPFAR funds will be used to expand an existing couple counseling program operating at the PHRU in Soweto. Specialized counseling for couples has proven to be effective for preventing further infection particularly in discordant couples. In many programs lay counselors do not have sufficient expertise to counsel couples and therefore a referral service is essential.

ACTIVITY 5: Farm Workers

A CT activity linked to care and ART for farm workers in the Westcoast winelands region of the Western Cape will be expanded to other districts in the region. The male CT program will expand to target all men including men who have sex with men and other vulnerable male groups in Soweto (Gauteng) and

Activity Narrative: Bushbuckridge (Mpumalanga).

These activities will contribute to the PEPFAR 2-7-10 goals by increasing access to and improving quality of CT services, particularly to hard-to-reach populations of men and adolescents in urban and rural districts in South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7596

Related Activity: 14262, 14263, 14264, 14265, 14267, 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23642	3100.23642.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$750,509
7596	3100.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$400,000
3100	3100.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Task-shifting
* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	30,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Other

Pregnant women

Discordant Couples

Coverage Areas

Gauteng

Mpumalanga

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1071.08
Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3798.08
Planned Funds: $20,000
Activity System ID: 13928

Activity Narrative: SUMMARY:

Peace Corps Volunteers (PCVs), who work in civil society organizations (CSOs) that focus on counseling and testing services, are assigned to the Community HIV/AIDS Outreach Project (CHOP). PEPFAR funds will be used to train these CHOP PCVs and their counterparts in (a) organizational capacity building, i.e. strengthening organizational and human capacity; and (b) promoting counseling and testing, particularly among youth. PCVs in this program area do not provide pre- and post-counseling service but are involved mainly in local organization capacity development, helping their host CSOs improve their systems and practices to motivate youth to use counseling and testing services. The primary target populations for these interventions are CSO employees, community citizens, volunteers, and traditional, religious and business leaders. PCVs will be placed in the rural areas of North West, Limpopo, Mpumalanga and KwaZulu-Natal provinces. Funds requested in FY 2008 will cover the costs of training PCVs and their counterparts and, through the Volunteer Activity Support and Training (VAST) mechanism, the training of CSO employees and community volunteers involved in promoting counseling and testing.

BACKGROUND:

To date, the program in South Africa has relied primarily on PEPFAR-funded PCVs assigned to the (previous) non-governmental (NGO) capacity-building project. Although the FY 2007 program still utilizes PEPFAR-funded PCVs, beginning in FY 2008 there will be no PEPFAR-funded PCVs and instead it is anticipated that one to four CHOP PCVs will assist CSOs with a significant need to improve their CT capacity in reaching out to youth.

ACTIVITY 1:

As noted in the prevention program area, approximately 100 PCVs and 100 counterparts will receive training in HIV prevention in FY 2008. They will deliver life skills sessions in schools and the community, using and developing peer educators in the process. One to four CHOP PCVs will respond to their host CSO wishes to strengthen their CT capacity. Through the PEPFAR VAST mechanism, these PCVs will be able to pilot activities that will increase the number of youth who will avail themselves of counseling and testing services. The CHOP PCVs will contribute to this program area by uniquely providing American citizen assistance in rural communities. Their activities are also closely aligned to the South African government strategies in each of the provinces in which PCVs work.

NOTE: PCVs involved in this program area are part of the population of PCVs who are required to participate in Activities 2, 3, and 4 described in the Prevention program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7504

Related Activity: 13925, 13926, 13927, 14514, 14515, 14516, 13929

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22663	3798.22663.09	Peace Corps	US Peace Corps	9750	1071.09		$20,000
7504	3798.07	Peace Corps	US Peace Corps	4445	1071.07		$14,200
3798	3798.06	Peace Corps	US Peace Corps	2712	1071.06		$23,006

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13925	3797.08	6655	1071.08		US Peace Corps	$290,000
13926	3106.08	6655	1071.08		US Peace Corps	$150,000
13927	3107.08	6655	1071.08		US Peace Corps	$290,000
13929	6367.08	6655	1071.08		US Peace Corps	$113,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	200	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Indirect targets are representative of the service delivery that local NGOs are reporting as a result of Peace Corps Volunteers' assistance for improved management, systems and planning mechanisms.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Religious Leaders

Teachers

Coverage Areas

KwaZulu-Natal

North-West

Limpopo (Northern)

Mpumalanga

Northern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6183.08

Mechanism: N/A

Prime Partner: Tuberculosis Care Association

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: 13838.08

Planned Funds: $500,000

Activity System ID: 13838

Activity Narrative: SUMMARY:

This project will increase access to HIV voluntary counseling and testing (CT) in non-clinical sites and in facilities with a large number of TB cases. Two mobile services and fixed non-clinical sites in easily accessible areas such as taxi ranks and shopping areas will provide CT services. TBCA will also assist the district in training and supervising counselors in clinical sites. Target populations include the general population, at risk populations, the business community, discordant couples, pregnant women and orphans and vulnerable children.

BACKGROUND:

TB Care Association (TBCA) has been providing community-based counseling, emergency material relief, and support, and TB treatment support in the Western Cape since 1992. Provision of non-clinical CT and counseling mentorship are new initiatives that will be conducted in collaboration with the Department of Health. Women are at higher risk for HIV infection. The provision of CT will therefore benefit women who test HIV positive and will access care and support. Men utilize health services less than women and will therefore benefit from the provision of CT in non-clinical CT sites. TBCA is exploring the possibility of expanding activities to the Northern Cape province.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Non-clinical Counseling and Testing

TBCA will hold consultations will be held with key stakeholders from government, non-governmental organizations, community-based organizations and the private sector, to identify sites in which to establish new services or strengthen existing services for HIV counseling and testing. The West Coast Winelands District has suggested that non-clinical CT sites should be established in the taxi ranks in Malmesbury, Saldanha and Vredenburg. Additionally, two mobile CT teams will provide services in underserved rural and peri-urban areas and in private sector workplaces such as farms and factories. In small towns, mobile CT teams will conduct door-to-door community-based CT. A "100% cover" campaign will be piloted. This campaign aims to counsel and test all the population over 14 years and to promote 100% condom use. PEPFAR funds will be used to purchase two vehicles for the mobile CT teams.

Counseling and testing teams will be recruited, hired and trained in collaboration with NGOs that are already providing CT services in the area. Each team will include two lay counselors, one nurse counselor (who will also do the HIV testing) and a community mobilizer funded by PEPFAR. Five CT teams will be hired and trained in the first year of the project.

Gender equity in HIV and AIDS programs will be addressed through the provision of non-clinical CT that will increase access to men. The education provided by the community mobilizer and the risk reduction counseling will help to change male norms and behaviors and reduce violence and coercion. As more people access CT, it is hoped that there will be more discussion of HIV in communities and that stigma and discrimination towards people living with HIV will decrease.

The community mobilizer will provide education on HIV prevention (abstinence, being faithful, using condoms), the benefits of knowing your HIV status, TB and STI symptoms and the importance of being treated for TB and STIs. Couples will be encouraged to go for counseling together. The community mobilizer will also distribute condoms.

Counseling and testing will be provided according to national and international standards. Counseling will focus on personalized risk assessment and risk reduction. Correct condom use will be demonstrated and condoms, procured by the Department of Health will be dispensed. HIV testing will be informed, voluntary and consented. Rapid test kits will be provided by the National Department of Health (NDOH).

Any individual who agrees to HIV counseling and testing will also be screened for tuberculosis and sexually transmitted infections (see TB/HIV Program Area). If symptoms are present, they will be referred to the nearest clinic/hospital where further investigations and/or treatment will be available. All HIV-positive clients will be referred for HIV clinical care and support services and will be counselled on preventing transmission with a specific focus on discordant couples. The CT register will have additional columns to indicate if clients have TB or STI symptoms as well as a column to determine if the patient presents at the health facility to which they are referred.

PEPFAR funds will be used to employ one data capturer for each supported health facility to assist with recording laboratory results and to trace people with positive TB smears to ensure that they are initiated on treatment. The data capturer will also be responsible for informing the CT teams and community health workers if referred patients attend the facilities to which they have been referred.

ACTIVITY 2: Training and Supervision of Counselors

PEPFAR funds will be used to hire a CT Coordinator to train, mentor and supervise the CT teams. Training will comply with national guidelines and will be conducted in collaboration with National Department of Health and the AIDS Training Information and Counseling Centre (ATICC). Additional training will be provided on couple counseling for concordant and discordant couples, counseling for youth, and counseling to address substance abuse and domestic violence. The CT Coordinator will also visit clinical CT sites to provide mentorship and technical support, focusing on TB treatment facilities. The five CT teams, consisting of five nurse counselors, ten lay counselors and five community mobilizers, will be trained. Additionally, one counselor in each of the 11 facilities will be trained, mentored and supervized. In health facilities, routine counseling and testing will be offered to pregnant women and patients with TB or sexually transmitted infections.

ACTIVITY 3: Measuring Costs and Assessing Cost-effectiveness of Non-Clinical HIV Counseling and Testing

Activity Narrative: To assess the affordability of the interventions, a cost-effectiveness analysis will be done through a sub-contract with the Health Economics Unit of the University of Cape Town. The cost per person post-test counseled will be measured and the cost per HIV infection averted will be estimated for non-clinical HIV counseling and testing compared to standard HIV counseling and testing. The opportunity costs of adding TB and STI screening during pre-test counseling will be measured.

The project aims to counsel and test 10,000 people the first year. These results contribute to the PEPFAR 2 -7-10 goals by improving access to and quality of CT services in order to identify HIV-infected persons and increase the number of persons receiving ARV services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13837, 13836, 13839

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13837	13837.08	6628	6183.08		Tuberculosis Care Association	$125,000
13836	12516.08	6628	6183.08		Tuberculosis Care Association	$1,600,000
13839	13839.08	6628	6183.08		Tuberculosis Care Association	$910,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood
* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	32	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	62	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas
Northern Cape
Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4760.08	**Mechanism:**	N/A
Prime Partner:	St. Mary's Hospital	**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:	13834.08	**Planned Funds:**	$194,000
Activity System ID:	13834		

Activity Narrative: SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will implement extensive counseling and testing services in the hospital as well as in the community to encourage patients' referral to the hospital for antiretroviral treatment (ART). The activities will encompass human resources, consumables and asset procurement. The emphasis area of this activity is to provide counseling and testing to the family unit and communities and in particular, there will be a focus on couple counseling at the prevention of mother-to-child transmission (PMTCT) program. This is in line with the goals of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 to reduce the impact of HIV and AIDS on individuals, families, communities and society and with the ultimate aim to reduce the number of new infections. The target group for this activity is the general population and pregnant mothers; partners of pregnant mothers, children from prior pregnancies and extended families of HIV infected individuals. There is also a focus on men in the workplace as counseling and testing and referral to St. Mary's Hospital for treatment has been offered to industries surrounding St. Mary's Hospital.

BACKGROUND:

This is a new program activity funded in FY 2008, although St. Mary's has received previous PEPFAR funding as a sub-partner to another PEPFAR partner, Catholic Relief Services. This activity will enhance the PMTCT, palliative, treatment and care programs that were funded by PEPFAR in FY 2007. The program is supported by the South African government as St. Mary's Hospital has a service level agreement with the provincial Department of Health and the Hospital is in partnership with the District Office of the Department of Health to provide HIV and AIDS training to all clinical staff over the next two years.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Dedicated Counselors in the Hospital Setting Providing HIV Testing and Counseling

The overall objective of this activity is to routinely counsel and test as many patients as possible in the hospital setting. Patients and extended family members will be encouraged to be tested and continuously be re-tested in order to refer to the care and treatment programs if appropriate. The goal will be to counsel and test all patients attending the facility whether or not the patient has symptoms of HIV and regardless of the patient's reason for attending the facility. In addition, the focus will also be on encouraging those that are negative to remain negative. This will be addressed through extensive counseling and the need for a change in behavior if necessary. All areas of the hospital will be targeted both inpatient and outpatient areas. In particular, the PMTCT program will encourage the counseling and testing of couples and members of the family unit. A provider-initiated testing and counseling (PITC) approach has been adopted as the preferred method of counseling and testing throughout the facility.
There is an integrated approach to the treatment of TB and HIV at the facility. This will ensure that all TB patients will be routinely tested for HIV, and all newly diagnosed HIV-infected clients at the facility will be screened for TB (via the Catholic Relief Service funding).

A group of thirteen counselors will be in the wards, outpatient section and the primary healthcare clinic, which is an integrated clinic setting that addresses TB, hypertension, diabetes, antenatal services, primary health services and PMTCT. Approximately 2 000 patients make use of this facility on a monthly basis. In order to maximize the goals of this activity it is important to have counselors spread throughout the facility. The counselors will be trained and continuously updated through the treatment program activity area to ensure that patients will make informed decisions. Government counseling and testing protocols will be adhered to. The expected results of this activity is to (a) create a culture in which all people regularly seek counseling and testing and re-counseling and testing on an ongoing basis for HIV; (b) provide HIV and AIDS care and treatment to those who require this treatment, and particularly addressing the referral and access to treatment programs; and (c) provide accurate clinical information to health care workers when treating patients.

ACTIVITY 2: Community Mobilization/Outreach

A vehicle will be purchased and a team of two counselors and a nurse will be tasked to work with the 19 referral clinics to St. Mary's Hospital and the primary healthcare clinic to provide mobile HIV counseling and testing. The primary goal of the activity is to encourage regular counseling and testing in the clinics; and counseling and testing for family members in a home setting. This activity will be an extension of the PMTCT program. The community mobilization of testing and counseling will extend to a large industrial community that surrounds St. Mary's Hospital. A team of counselors will primarily target men in the workplace and offer testing and counseling to all, and treatment to those who require treatment.

Currently a local radio media campaign exists (not a St. Mary's Hospital funded activity) that encourages industry to establish a culture of ongoing testing and counseling in the workplace; and support and referral to treatment sites for those that require treatment. St. Mary's activities will support this initiative. The outreach counseling team will also address loss to follow-up and counseling and testing of partners of pregnant mothers and extended family members of the pregnant mother. The expected results of this activity is to (a) address couple counseling and testing but in a home-based program which has shown to reduce HIV transmission in sero-discordant couples; (b) address referral links for care and treatment to St. Mary's Hospital from referral clinics and home-based settings; and (c) address the culture of counseling and testing in the community.

These activities contribute directly to the overall PEPFAR objectives of 2-7-10 as HIV-infected people will be identified, appropriately treated, cared for and supported. Family members affected will benefit directly from counseling and support within the hospital environment as well as within the community setting during home visits.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13831, 13832, 13833

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13831	12240.08	6626	4760.08		St. Mary's Hospital	$388,000
13832	8262.08	6626	4760.08		St. Mary's Hospital	$611,100
13833	8264.08	6626	4760.08		St. Mary's Hospital	$1,552,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	8,640	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4625.08

Mechanism: N/A

Prime Partner: McCord Hospital

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: 7907.08

Planned Funds: $204,670

Activity System ID: 14009

Activity Narrative: SUMMARY:

McCord Hospital and Zoe Life (McCord/Zoe Life) aim to increase capacity to expand integrated counseling and testing (CT) services within the framework of a comprehensive HIV care and treatment program in seven sites: four municipal clinics and three non-governmental organizations (NGOs). Capacity will be developed by (a) training voluntary lay counselors at the NGOs to provide best-practice services; (b) mentorship of NGO and municipal counselors and clinical staff to provide integrated, provider-initiated CT services; and (c) strengthening continuity of care post-CT through referral of HIV-infected clients by counselors to the HIV care and treatment services. The emphasis areas are the development of referral systems between vertical programs, human resource support, development of a training curriculum aimed at CT of children, strengthening the local organizational capacity to increase CT services, quality improvement, supportive supervision, and in-service training of staff. Specific target populations are the general population, refugees and internally displaced persons (through the KHWEZI AIDS Project in central Durban), and workers within the business community. Counseling and testing will be provided in French and Swahili in the KHWEZI AIDS project to reach refugees and asylum seekers from Central and West Africa who currently reside in the Durban area.

McCord Hospital receives funding for prevention of mother-to-child transmission (PMTCT) and antiretroviral treatment (ART) treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

Counseling and testing is the entry point to prevention, care, treatment and support of HIV-infected persons. If access to care and treatment is to be accelerated, then access to CT should be aggressively pursued. In KwaZulu-Natal, lay counselors in municipal and local health authorities have traditionally provided a stand-alone vertical service to persons requesting HIV testing. Uptake of CT services has largely been a result of the PMTCT program, with referral from other programs (sexually transmitted infections (STI) and tuberculosis (TB)) and self-referral contributing a small percentage to the uptake of CT. In the NGO setting, patients are largely referred for CT from community health workers who suspect advanced HIV disease. Thus, apart from PMTCT where CT is provider-initiated, clients who are already symptomatic with AIDS and who require a definitive diagnosis and ARV treatment request the bulk of CT services.

The emphasis of this new project would be to shift the trend of voluntary counseling and testing (CT) to a universal, provider-initiated opt-out service designed to increase uptake of services and to promote early diagnosis of HIV while patients are still well enough to access wellness and health promotion services. This project would also emphasize increasing opportunities to counsel and test children. In addition to increasing uptake of CT, this project seeks to ensure that clients who learn of their HIV status will be seamlessly integrated into care, support and treatment services. Lastly, this project seeks to take CT into the business community to workers who would not otherwise have an opportunity to be counseled and tested. The KwaZulu-Natal Department of Health (KZNDOH) supports these activities. Activities within the municipal clinics will be undertaken with the support of the eThekwini (Durban) Municipality. Gender issues will be addressed by taking CT services into the business community, where many employed men have no access to services. In addition, counselors will proactively encourage partners of women tested in PMTCT services to access testing. Where possible, the technical support team will investigate the possibilities of extended hours of CT services to include weekends or evenings.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

McCord/Zoe Life will work with three NGOs currently providing psychosocial support to HIV-infected clients in their communities using voluntary lay counselors. These voluntary lay counselors have been trained by a variety of organizations. In order to standardize the quality of counseling which will be offered through this project, McCord will train all participating lay counselors. Training will be conducted over 10 days according to the South African national counseling guidelines (minimum standard). Lay counselors employed by the four municipal clinics will have benefited from the 10-day training course as a pre-employment requirement and will not require further training in CT. Staff from all seven sites will be trained in CT of children to increase confidence and skill in this area. Counselors will be trained to conduct pre- and post-test counseling with caregivers and children where appropriate. Clinical staff will be trained in testing of children, which includes skills to draw blood from small children or babies. This is currently a barrier to widespread testing of small children outside of a hospital setting. Counselors who have not already had exposure to training in couple counseling will be trained and urged to encourage partner or family attendance at clinic or NGO activities with the view of encouraging testing and other palliative care services.

In addition, staff will be trained and supported to provide family centered counseling aimed at increasing retention and improving case finding within families. Also, training will be provided to increase skills to counsel and test children and adolescents in both the clinical and community/educational settings.

ACTIVITY 2: Workshop in Provider-Initiated Counseling and Testing Within a Multidisciplinary Team

All staff who participate in this project will attend a preparatory workshop on the concept, advantages and implementation challenges of provider-initiated or opt-out CT services. During this workshop, the seven sites will be assisted in formulating an approach to implementing provider-initiated CT or opt-out counseling as an augmentation to their current services, which would include PMTCT, STI, TB, children's clinic, immunization services. Staff will be assisted to include lay counselors into a multidisciplinary team that will span across vertical programs. Staff will be assisted to develop referral systems that are effective and ensure continuity of care between CT, HIV care and treatment and the other programs. Special attention will be paid to increasing confidence in counseling and testing of children.

ACTIVITY 3: Technical Support to Implement Provider-Initiated or Opt-Out CT

All sites will be supported technically to implement provider-initiated or opt-out CT through weekly

Activity Narrative: mentorship of counselors and clinical staff, facilitation of multidisciplinary and inter-program referrals, and problem solving. McCord/Zoe Life will assist sites to strengthen monitoring and evaluation systems linked to CT. Information relating to the implementation of CT services will be reviewed and fed back to staff at the sites for ongoing quality control and problem solving. Counselor mentors will monitor quality of counseling, assist with complex cases and strengthen referrals. Clinical support will be given to staff that require assistance with testing of children.

ACTIVITY 4: Human Resource Augmentation

In sites where uptake of CT exceeds the staff capacity, PEPFAR-funded counselors will be employed to increase capacity whilst the organization motivates for increasing human resources from the KZNDOH or from other funding sources.

ACTIVITY 5: Mobile CT

Mobile counseling and testing services will be offered to at risk populations or difficult to reach populations such as unemployed, migrant or displaced peoples. These services will be provided as an outreach service linked to the current sites. Sites' staff will be used to link population at risk or in difficulty with appropriate services.

ACTIVITY 6: Increase CT for OVC

Linkages with educational facilities and facilities housing orphans and vulnerable children will be established and counseling and testing services will be offered to these facilities, either on site, or in conjunction with the Zoe-Life/McCord sites, in addition to linkages with care and treatment services.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7907

Related Activity: 14006, 14007, 14008, 14010, 14011

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7907	7907.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$176,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14006	7906.08	6683	4625.08		McCord Hospital	$649,640
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
14008	7910.08	6683	4625.08		McCord Hospital	$167,810
14010	7908.08	6683	4625.08		McCord Hospital	$591,000
14011	7909.08	6683	4625.08		McCord Hospital	$570,360

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	14,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	328.08	**Mechanism:**	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	2991.08	**Planned Funds:**	$1,697,500

Activity System ID: 13956

Activity Narrative: SUMMARY:

Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to provide counseling and testing (CT) using both mobile and fixed services through local NGOs and tertiary institutions. These services will be promoted through the Mindset Health channel to both healthcare workers and patients. Key areas of male norms and behaviors, partner limitation, correct and consistent condom usage, substance and alcohol abuse, reducing violence and coercion and stigma and discrimination, form an integral part of the CT interventions. The target populations for this activity are secondary school learners, university students, patients in health care centers, celebrities and their fans, people living with HIV (PLHIV), out-of-school youth, men who have sex with men (MSM), community leaders and healthcare providers. The major emphasis areas are community mobilization and participation, and information, education and communication, with additional emphasis on local capacity building across all activities. Findings from a qualitative study on multiple concurrent partnerships and the National HIV and AIDS Communication Survey, carried out in early 2006, will help focus on community perceptions of CT and help to determine perceived needs in respect to CT communication interventions.

BACKGROUND:

This is the fourth year that JHU/CCP has undertaken counseling and testing activities. Eighteen of the 20 partner organizations work across all nine provinces of South Africa utilizing mass media and interpersonal communication strategies in a variety of social settings aimed at creating a broad national social movement that promotes counseling and testing as part of the broader national HIV prevention, treatment and care strategy. Testing is promoted through mobile clinics and fixed sites operated by four partners and in partnership with the public health system and other partners such as New Start. Counseling addresses issues related to male norms and behaviors, violence and coercion, stigma and discrimination, alcohol and substance abuse, and correct and consistent condom usage. All organizations carry out prevention with positive living activities as part of their post-test counseling with HIV-infected individuals.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Social Mobilization for Testing

DramAidE, The Valley Trust, Lesedi Lechabile, Mothusimpilo, and Matchboxology support and promote CT services targeting men, women, youth and the broader community at 85 mobile and fixed testing sites. DramAidE's HIV positive Health Promoters (HPs) mobilizes tertiary students in 23 tertiary institutions across South Africa to undergo CT. The Valley Trust (TVT), based in KwaZulu-Natal (KZN), promotes CT through community outreach and mobilization activities targeting adult men and women in the rural areas of KwaZulu-Natal at its 15 mobile and one fixed CT site. TVT promotes CT with youth aged 14 years and older through its school Anti-AIDS clubs, and among adult men and women through community events and traditional ceremonies, workplaces, taverns and faith based organizations.

Dance4Life promotes CT among youth older than 14 using dance, drama and drumming as part of their prevention activities covering schools in the Eastern Cape, Western Cape, KwaZulu-Natal and Free State provinces. Lesedi Lechabile and Mothusimpilo promote CT through activities undertaken at their mobile and fixed sites to vulnerable women, youth and men in the mining areas of the Free State and the North West.

LifeLine promotes CT with workers in small and medium enterprises and farm workers in informal settlements/rural areas in Gauteng, Free State, Northern Cape, Limpopo and Mpumalanga. This activity is undertaken in partnership with the Small Business Association, farm owners and farm workers' unions.

Lighthouse, working in 13 informal settlements in the Madibeng District of the North West province, promotes CT through its school Anti-AIDS club activities. The project encourages adult men, women and out-of-school youth to undergo CT through their door-to-door campaigns and at community events, traditional ceremonies, and gathering places like taverns and taxi ranks.

Matchboxology (MB) in partnership with the South African Professional Footballers Union (SAPFU) and the Premier Soccer League (PSL) places 16 wellness coaches in 16 Premier Soccer League Clubs to mobilize professional footballers and their fans to undergo CT. MB is a private sector firm that is responsible for the Levis Red for Life Campaign that mobilizes celebrities around HIV.

Sonke Gender Justice (SGJ) will expand the number of men's clubs in Mpumalanga, North West and Northern Cape to mobilize men participating in their male clubs to undergo CT. SGJ receives funding from the Western Cape provincial government, the National Office on the Status of Women, a independent foundations and United Nations agencies.

The PEPFAR partner, Department of Correctional Services (DCS), will expand their program from the Limpopo and North West provinces to include Gauteng and the Northern Cape. The program with DCS uses the TshaTsha TV drama series, to train their peer educators (PEs) to promote CT.

A "to be determined" (TBD) faith-based organization (FBO) will work with faith-based leaders to promote CT to their communities.

A TBD partner will work with the indigenous communities living in the Northern Cape (the San and the Khoi) to to promote CT as part of a broader effort to promote HIV prevention amongst this community.

A TBD partner will work with men who have sex with men (MSM), including male sex workers, to mobilize this community to increase HIV prevention efforts including CT as part of a broader HIV prevention effort targeting MSM in South Africa.

A TBD partner will work with cellular telephone providers in South Africa to utilize cellular technology to encourage celebrities and other key personalities, through SMS technology, to participate in cellular and on-line chat forums to promote CT.

Activity Narrative: ACTIVITY 2: Promoting CT in Health Centers

The Mindset Health Channel (MHC) broadcasts information to 400 health clinics. Patients in waiting rooms are targeted with information on CT and HIV. The channel provides training and technical information to healthcare workers (HCWs) using a multimedia approach that combines video, print and computer-based interactive multimedia. Training on current CT guidelines (including strong linkages to HIV care and services) are included. Mindset will also develop a video on provider-initiated testing and counseling (PITC). The video will inform patients that the facility has a PITC policy and that the provider will test them for HIV unless the patient refuses.

Community Health Media Trust (CHMT) works with MHC and with other community-based organizations through its 92 Treatment Literacy and Prevention Practitioners (TLPPs). Seventy-two TLPPs are funded by PEPFAR and 20 by the National Department of Health (NDOH). All TLPPs encourage CT in health centers as an entry point into treatment while reinforcing HIV prevention to those who test negative.

ACTIVITY 3: Mass Media in Support of Community Mobilization

ABC Ulwazi produces a radio talk show series tailored to 60 different community radio stations with a special emphasis on voluntary counseling and testing. Listeners' Associations formed by local citizens have facilitators' guides to carry out community outreach interventions that mobilize local communities around voluntary counseling and testing and encourage them to know their HIV status.

The South African Broadcasting Corporation plays a key support role by co-funding two TV programs with radio (nine local language stations) and by providing web support. Trailblazers, a community health show, will air 13 episodes highlighting individuals that provide models of positive behaviors for others to emulate. A second season of a 26-episode TV drama deals with contextual issues relating to social and cultural norms that inhibit and/or support positive male norms and behaviors, including positive examples that promote counseling and testing and living positively. Radio talk shows follow both programs, providing additional information and stimulating community participation.

MB and the South African Football Players' Union (SAFPU) and the Premier Soccer League (PSL) will mobilize South African football players to be positive role models and to undergo public counseling and HIV testing. Players will be encourage to promote messages relating to counseling and testing through in the build up to the 2010 Football World Cup in South Africa.

JHU/CCP's work supports the vision outlined in the USG Five-Year Strategy for South Africa for expanding CT services. CT is a critical entry point into an entire range of HIV services, including identifying HIV-infected individuals for ART. These activities substantially contribute to the PEPFAR goal of providing 2 million people with treatment and averting 7 million new HIV infections. It also supports the HIV & AIDS and STI Strategic Plan for South Africa's priority of establishing a national culture in which all people in South Africa regularly seek voluntary counseling and testing. Establishing regular CT as a norm will contribute towards reducing the number of HIV infections by 50% by 2011 and ensure that 80% of people living with and affected by HIV have access to appropriate care and support and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7535

Related Activity: 13965, 13952, 13953, 13954, 13964, 13955, 13957, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23080	2991.23080.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$1,572,866
7535	2991.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$1,200,000
2991	2991.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$968,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning
* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$425,500

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	200,000	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	60	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20,000	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	60,000	False

Indirect Targets

Number of individuals reached with interventions that highlight counseling and testing were calculated based on the existing interpersonal and community mobilization programs being undertaken by partners and projected in relation to increased financial and human resources that enables an expansion of existing programs. These include through school Anti-AIDS Clubs, facilitated discussions within clinical settings, door-to-door discussions, workplaces, community events, listener associations and workshops. Mindset is indirectly impacting the national counseling and testing program by reaching patients in the waiting room with educational broadcasts about the benefits of CT, and where it can be accessed. These broadcasts are shown at 400 sites across South Africa. The impact of the broadcasts are reviewed based on ongoing surveys and monitoring done by Mindset and other partners.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Eastern Cape
Free State
KwaZulu-Natal
Limpopo (Northern)
North-West
Western Cape
Gauteng
Mpumalanga
Northern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 257.08
Mechanism: N/A
Prime Partner: Medical Research Council of South Africa
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: 3141.08
Planned Funds: $1,746,000
Activity System ID: 14021

Activity Narrative: SUMMARY:

Within this program area, the Medical Research Council (MRC) supports two activities directed by different project directors. The first project focuses on capacity building for organizations to support HIV counseling and testing among high-risk populations while the second project integrates HIV counseling and testing into TB control services. The major emphasis area for these activities is the development of networks, linkages, and referral systems between outreach workers, non-governmental and community-based organizations (NGOs, CBOs), and healthcare service providers. Minor emphasis areas include community mobilization/participation; information, education, and communication; linkages with other sectors and initiatives; local organization capacity development; policy and guidance; quality assurance, quality improvement, and supportive supervision; strategic information; and training. Primary target populations are high-risk vulnerable populations, (including injecting drug users (IDUs), sex workers, and men who have sex with men (MSM)), and organizations that provide service to these populations. This project is consistent with the revised South African National Drug Master Plan and will provide guidance on how the South African Government can translate strategies into action. Across all activities, sustainability is addressed by linking HIV counseling and testing, care and support services for vulnerable populations, developing the capacity of existing programs, creating synergy across organization and service provider networks, providing quality assurance and refresher trainings, and enhancing data management systems. The project will focus on (a) increasing gender equity in HIV and AIDS programs, reducing violence, increasing women's access to income and productive resources; and (2) reducing stigma and discrimination associated with HIV status and vulnerable populations.

BACKGROUND:

In FY 2005, PEPFAR supported the MRC to conduct a rapid assessment of drug use and HIV risk among IDUs, sex workers, and MSM in Cape Town, Durban, and Pretoria. In FY 2006, PEPFAR supported the convening of public and private partners, stakeholders, and organizations serving the target populations to develop recommendations, based on the findings of the rapid assessment. In FY 2007, the MRC, in collaboration with a consortium of organizations and provincial governments, is well positioned to implement interventions to reduce high-risk drug use and sexual behaviors and increase access to and utilization of services.

The MRC initiated a best-practice approach to integrated TB/HIV care with FY 2004 PEFAR funding. The project aims to improve access to HIV care and treatment for tuberculosis (TB) patients by strengthening the role of TB services as an entry point for delivery of HIV and AIDS care, and by expanding TB screening to people living with HIV (PLHIV). TB patients and PLHIV are the key target populations and include pregnant women (referred to PMTCT services) and children (receiving antiretroviral treatment (ART) if indicated). Activities in the established sites will continue in FY 2008. The best-practice approach will also be expanded to additional sites in FY 2008. The new sites are characterized by extreme poverty, poor health infrastructure, cross-border migration, and limited healthcare access. Meeting the challenges of an integrated TB/HIV approach in such settings will be specifically addressed as will strengthening of down-referral capacity in existing sites. The MRC and sub-partners, World Vision and the Foundation for Professional Development, implement activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Linking Community-based Outreach to HIV Services among Injecting and Non-Injecting Drug Users, Drug-Using MSM, and Drug-Using Women Engaged in Sex Work

Three separate activities focusing on the target groups (IDUs, CSWs, and MSM) are consolidated into one activity description as they share similar components.

A major finding of the rapid assessment indicates a lack of linkages and coordination of drug abuse treatment and HIV services. The focus of this activity is developing the capacity of NGOs and CBOs and other HIV and drug service organizations serving IDUs, sex workers, and MSM to implement interventions targeting high-risk drug use and sexual behaviors and to increase their access to and utilization of services. Specifically, this activity will support the formalization of consortia linking drug abuse treatment and HIV service delivery organizations in Cape Town, Durban, and Pretoria/Johannesburg. This activity will develop the capacity and skills among the consortia for the provision of comprehensive HIV and AIDS programs tailored for drug users and adapted to the local epidemic. Components will include community-based outreach, risk reduction counseling, and access and referral to HIV counseling and testing, substance abuse, and other HIV care and treatment services. Individuals reached by outreach efforts will be linked with tailored HIV counseling, testing, treatment, and other support services. Service providers will be cross-trained to respond to issues of violence, drug abuse and HIV, including issues of sensitivity, confidentiality and stigma related to vulnerable populations. To facilitate integration among drug and HIV services, a system for referrals from counseling and testing to other services will be established in the consortia to ensure HIV-infected and HIV-negative clients are linked to appropriate prevention, care, and treatment services (e.g., antiretroviral treatment, PMTCT, palliative care, STI and tuberculosis treatment, substance abuse treatment, and transitional services including job skills and income generation activities).

ACTIVITY 2: Managing, Monitoring and Rapidly Evaluating Links and Coordination of Drug Treatment and HIV Services for Drug Using Populations

Activity Narrative:

In preparation for activities in FY 2007, the MRC will conduct formative key informant and focus group interviews to ensure interventions are aligned with the current local epidemic and adapt existing training manuals for community-based outreach. This activity will support the MRC in the management, oversight, monitoring, and evaluation of the three activities summarized under Activity 1. The MRC will regularly monitor all aspects of the activities, including ensuring that sub-partners coordinate provision of trainings by local AIDS training centers. The MRC will establish a system for collecting data on targets on an ongoing basis. The MRC will rapidly evaluate Activity 1 to determine the relative effectiveness of the interventions to reduce high-risk drug use and sexual behaviors and increase access and utilization of services among the three target populations.

Plans for this project will build upon FY 2005 and 2006 PEPFAR investments and lessons learned from the implementation of the interventions in FY 2007. In FY 2008, the MRC will continue to refine the interventions and rapidly scale them up to reach other provinces and underserved populations.

Results contribute to PEPFAR 2-7-10 goals by preventing infections and increasing uptake of voluntary counseling and testing (VCT) among vulnerable drug using populations to know their status and be appropriately referred to treatment services. Results are aligned with South Africa goals to scale up programs that serve IDUs, MSM, and sex workers; integrate VCT into other healthcare delivery and by decreasing stigma and discrimination; and increase VCT services links with referrals to health systems networks.

ACTIVITY 3: Best-Practice Model

The MRC will support implementation of a best-practice model of integrated TB/HIV care in sites providing TB and HIV services. This approach involves: (1) clinical management (counseling and testing, ART, management of adverse drug effects, STI management, preventive therapy); (2) nursing care (TB screening, patient education, treatment adherence, HIV prevention); (3) integrated TB/HIV information, education and communication; (4) nutrition intervention; and (5) palliative care and support. Activities include site renovation to meet South African accreditation requirements for ARV rollout, site and supervisory staff training, hiring key personnel, development of patient educational materials, commodities procurement, and establishment of appropriate referral links, including those with governmental ARV sites to ensure continuity of care. MRC will monitor CT practices, strengths, and weaknesses of TB/HIV referral systems, human resources and conventional TB treatment outcomes. The MRC will implement ongoing quality assessments through onsite supervision and external quality assurance mechanisms such as checklists. Regular feedback meetings will be held with the provincial team as well as project staff to identify potential problems and to facilitate corrective action. Stigma around HIV, AIDS and TB is specifically addressed through counseling, patient education and targeted interventions such as peer group counseling and advocacy campaigns.

The current counseling and testing model incorporates both VCT and provider-initiated testing and counseling. The preferred model is determined by provincial guidelines regarding voluntary or provider initiated counseling and testing. Counseling and testing is a vital component of the integrated TB/HIV model as it is the point of entry into the project. Other counseling activities also include group counseling with TB patients, group counseling in health care facility waiting areas, ARV adherence counseling, and community outreach counseling.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7664

Related Activity: 14018, 15085, 14019, 14020, 14022, 14023, 14024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22924	3141.22924.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$320,399
7664	3141.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$400,000
3141	3141.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2645	257.06	TB/HIV Project	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	151	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

KwaZulu-Natal

Western Cape

Eastern Cape

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4624.08

Mechanism: N/A

Prime Partner: Medical Care Development International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7905.08

Activity System ID: 14017

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: $224,000

Activity Narrative: SUMMARY:

Medical Care Development International - South Africa (MCDI-SA) is a U.S.-based private voluntary organization (PVO) that is registered as a Section 21 company or non-governmental organization (NGO) in South Africa. MCDI-SA has been successfully implementing community public health and social support projects in KwaZulu Natal, South Africa, since 1995. Prior to PEPFAR support, projects focused on traditional Child Survival (CS) interventions, reducing HIV through prevention among youth and adolescents, assisting with counseling and testing (CT) and prevention of mother-to-child transmission (PMTCT) site establishment, strengthening the government healthcare system's provision of services to and creating support groups for HIV-infected and TB-affected individuals, and supporting other health-related community-based initiatives.

Building on its USAID child survival program, MCDI-SA will use PEPFAR funding to carry out activities to support the KwaZulu-Natal Department of Health's (KZNDOH) efforts to improve and increase use of the CT services. These activities consist of three components: (a) training local health workers to provide comprehensive counseling and testing services; (b) strengthening the capacity of HIV support groups for networking with CT centers and communities for the reduction of stigma and discrimination; and (c) incorporating community-based, youth-focused, home-based care, outreach and other approaches to promote CT uptake. Target populations children under 5 years, children aged 5-9, adolescents aged 15-24, and adults 25 and over, people living with HIV (PLHIV), and orphans and vulnerable children. The major emphasis areas include gender-related issues (addressing male norms and behaviors, increasing gender equity in HIV and AIDS programs, increasing women's access to income and productive resources, increasing women's legal rights, and reducing violence and coercion), human capacity development (training and retention strategy), local organization capacity building, and child survival and safe motherhood wraparound programs.

BACKGROUND:

This project will expand on and strengthen activities that MCDI-SA has been working on in KwaZulu-Natal (KZN) for the last 10 years through funding from USAID's Health and Child Survival Grants Program. CT will be promoted by (1) training health workers and lay counselors to provide pre-test counseling and CT services for youth and adults in HIV and STI prevention; (2) promoting CT through community outreach, education and advocacy; (3) strengthening the capacity of HIV support groups to become eligible for registration as cooperatives; (4) training HIV support groups to promote HIV counseling and testing in CT and PMTCT sites and in communities with an emphasis on reducing stigma and discrimination; and (5) establishing youth clubs for girls and boys in-school and out-of-school for promotion of CT. Partners include the KZNDOH, The Valley Trust (TVT), the National Association of People Living with HIV and AIDS (NAPWA) and Community Health Committees (CHC).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training Healthcare Workers

MCDI-SA will continue to improve the capacity of local health workers to provide quality CT services and to educate the community on the importance of CT in preventing HIV transmission and as an entry point for treatment and care. A core team of sub-district trainers will be trained on CT, home based-care, anti-retroviral (ARV) and TB treatment adherence. In turn, they will train facility nurses on National Department of Health (NDOH) CT and TB/HIV protocols, so that each primary healthcare facility will have at least two nurses trained on current NDOH CT and TB-HIV protocols. This activity will also include training on provider -initiated testing and counseling (PITC).

ACTIVITY 2: Establishing and Strengthening Support Groups

MCDI-SA has demonstrated that the provision of easy access to HIV and AIDS support groups is one key way of combating stigma and discrimination in health facilities and in communities. Existing support groups in Ndwedwe sub-district will be strengthened to become eligible for registration as cooperatives. Sub-districts will work closely with other organizations in a self-sustainable and self-sufficient entity. MCDI-SA will also identify viable CT and PMTCT sites in other sub-districts of Ilembe District to establish additional HIV and AIDS support groups, with the goal of strengthening their capacity to become sustainable registered cooperatives. Support groups members will receive training and education on counseling and advocacy.

ACTIVITY 3: Information, Education and Communication

A mobile education unit, staffed by two trained HIV-infected individuals from NAPWA's support groups, will travel to tribal authorities to conduct information and education campaigns at, and in close proximity to, CT sites. This will assist to (1) raise knowledge and awareness about CT services for HIV, STIs and TB patients; and (2) explain how stigma, discrimination and sexual abuse are undermining the health and well-being of their families, friends and neighbors. MCDI-SA will enlist and train members from community church groups, traditional healers, and traditional leaders to participate in these information, education and communication campaigns. Based on successful workshops conducted in Ndwedwe sub-district as part of a previous project, MCDI-SA will hold additional workshops for influential community members to educate them on CT services and the harmful effects of stigma and discrimination. Support group members will be included in the training to discuss their own experiences with stigma and discrimination and the benefits of using CT services.

ACTIVITY 4: HBC Facility Patient Liaison

Qualified home-based caregivers (HBCs) will be trained by MCDI-SA and placed in each of the seven government hospitals and community health centers in the district to act as a liaison between CT, TB and ARV patients and to educate and counsel TB/HIV clients and suspects in cross-testing, treatment literacy and family directly observed treatment (DOT) support. The liaisons will increase the quality of services provided to patients while facilitating provision of education and counseling services in facilities with high patient headcounts and inadequate staffing.

Activity Narrative:

ACTIVITY 5: Facility CT Service Quality Assessments

Using an assessment tool developed in conjunction with the Ilembe District Department of Health under the current TB/HIV service integration project, MCDI-SA will conduct annual assessments of CT services at the facility level. Each assessment will evaluate the quality of service provision in terms of number, training and tenure of personnel; adequacy of physical space, supplies and equipment; integration with antenatal care, PMTCT, and TB services; consistency of recording and reporting; and other key service points in compliance with NDOH CT guidelines. Results and recommendations will be discussed on site with the service providers and will be compiled and presented to the Ilembe District Health Management Team. Department of Health CT program managers will be trained to use the assessment tool and will be provided with electronic copies of the tool for their ongoing use.

These activities contribute to the PEPFAR 2-7-10 goals by improving access to, and quality of counseling and testing services in order to identify HIV-infected persons and to increase the number of persons receiving antiretroviral services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7905

Related Activity: 14015, 14016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22919	7905.22919.09	U.S. Agency for International Development	Medical Care Development International	9830	4624.09		$195,734
7905	7905.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14015	7903.08	6685	4624.08		Medical Care Development International	$224,000
14016	7904.08	6685	4624.08		Medical Care Development International	$224,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	6,000	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,300	False

Indirect Targets

Although MCDI-SA is directly reaching CT clients, indirect support will be provided to the overall Ilembe District PTMCT program. Project activities done to support ongoing South African NDOH services include the following: (1) training of all facility nurses on CT protocols that will provide sustainable benefits to all pregnant community members; (2) implementation of CT service quality assurance through comprehensive PMTCT facility service assessments and on-site mentoring of facility staff for improvement; (3) provision of a CT quality assurance tool to the DOH for continued use and of training on its use; and (4) an education outreach program for the benefit of HIV.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4749.08	**Mechanism:**	N/A
Prime Partner:	Ingwavuma Orphan Care	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	13988.08	**Planned Funds:**	$100,000
Activity System ID:	13988		

Activity Narrative: SUMMARY:

Expansion of Ingwavuma Orphan Care's current counseling and testing (CT) project consists of recruiting and training a dedicated mobile team to provide counseling and testing, specifically targeting youth. The home-based care staff will continue to provide CT to their clients and clients' families, with task shifting from nursing staff to lay counselors.

BACKGROUND:

Ingwavuma Orphan Care (IOC) started to offer counseling and testing to its palliative care clients and their families in April 2007. The National Department of Health and nursing staff train lay caregivers to provide pre- and post-test counseling to their clients in their homes, while the nurses and doctors carry out the test at the clients' homes when they next visit. The project has found that many male clients are reluctant to go to local clinics or the hospital for HIV testing, but are willing to be tested in their own home, so this program helps to address gender equality in HIV programs. Home testing also increases the uptake of couple testing and testing children of HIV-infected clients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Home-based Counseling and Testing Services for Home-Based Care Clients

Counseling and testing services will be integrated with the home-based care project. The lay caregivers will counsel clients and their families and recommend testing for anyone who has not yet been tested. They will then offer testing and post-test counseling at the clients' homes. The IOC will train caregivers to administer the HIV tests as part of a task-shifting strategy. Nurses will supervise and monitor their activities. HIV-infected clients can immediately be referred into IOC's home care service and support groups that are run by the organization. The nurses can then take blood to check CD4 counts, which will be transported to the local hospital. The nurses will undertake quality assurance monitoring. High-risk negative clients will be referred to existing programs such as loveLife. This activity also works to increase the local organization capacity through training of staff and employment of skilled personnel.

ACTIVITY 2: Mobile Counseling and Testing Unit Targeting Youth

IOC will set up a CT mobile team consisting of two trained HIV counselors and an assistant. The team will work from a vehicle with a trailer. The counselors will provide CT, and the IOC medical staff will monitor their work. These services will be publicized through the extensive existing community links IOC has with high schools and areas where youth congregate, such as near water points and outside informal drinking dens. Many of the targeted girls are involved in transactional sex for food or other favors. The emphasis is on targeting adolescents in a youth-friendly way. However, anyone who wishes to be tested will be welcome to use the service.

The team will set up three tents with chairs and tables at a selected site such as a high school. The team is equipped with a music system and DVD projector with which to play music and show DVDs relating to HIV and abstinence. One tent will house leaflets, information about HIV and other youth-relevant material. The HIV counselors will work in the other two tents.

Once a group has gathered, people will be encouraged to go for free testing to know their status. In the tents the counselors will perform confidential pre-test counseling, testing and post-test counseling. Finger prick tests are used. As per government protocol, the serial testing algorithm should be used, as opposed to parallel testing. Those who test positive are encouraged to go to the clinic or hospital for CD4 counts. Those who test negative are provided post-test counseling and referred to youth programs such as loveLife.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13987, 13983, 13984

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13987	13987.08	6676	4749.08		Ingwavuma Orphan Care	$125,000
13983	8244.08	6676	4749.08		Ingwavuma Orphan Care	$300,000
13984	8245.08	6676	4749.08		Ingwavuma Orphan Care	$600,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4753.08	**Mechanism:**	N/A
Prime Partner:	LifeLine North West - Rustenburg Centre	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	8255.08	**Planned Funds:**	$200,000
Activity System ID:	13992		

Activity Narrative: SUMMARY:

This project benefits from contributions from other donors such as Anglo Platinum Mines, which has committed to three-years of cost sharing. In particular, they are funding a vehicle that will used in the mining areas, and covering traveling costs and stipends for a nurse and driver. Through the mobile unit operation, counselors and nurses provide counseling and testing services. Willing clients receive a group HIV information session, individual pre-test counseling, followed by a rapid test with an accompanying verifying test, finally a post-test counseling session with further referrals, if necessary. Counseling and testing sessions occur at designated hot spots where the mobile unit is operating and follows strict policies of informed consent and confidentiality. This project also includes couple counseling and testing.

Target populations include men and women, boys and girls, discordant couples, pregnant women, persons living with HIV, young people who are sexually active, mobile populations and people who engage in transactional sex but who do not identify as persons in sex work. Though they are not targeted directly, the project hopes to reach out to most-at-risk populations including sex workers, truck drivers, and mobile populations, by targeting the general population.

Relationships formed with local government and municipal departments will assist to ensure the continuity of the project. Equipment purchased for the project in the first year will not need to be replaced for many years. Salaries and other costs can be sustained through increased corporate training and workplace programs that garner substantial revenue for LifeLine.

BACKGROUND:

LifeLine Rustenburg is a non-governmental, non-profit, community based organization, affiliated to LifeLine Southern Africa, and to LifeLine International. Affiliation is awarded annually based on maintenance of standards, adherence to policy and procedures and acceptable performance in areas of service. LifeLine Rustenburg has been operational since 1991. The organization serves an area of approximately 200 kilometers radius. LifeLine Rustenberg works closely with the National Office, who are informed about projects and services run by LifeLine Rustenburg. Bi-annual consultative meetings are held and LifeLine Rustenburg submits quarterly reports to the main office.

LifeLine focuses on counseling and crisis intervention services, provision of life skills and personal development training, capacity building for less established community-based organizations (CBOs), voluntary counseling and testing (VCT), and HIV prevention. To date, the organization has implemented a community counselor project (CCP) that provides counselors to 150 health facilities in Bojanala (in partnership with North West Department of Health). LifeLine Rustenburg has also established a non-medical CT site, provided 24-hour counseling service via a national counseling line, and trained staff at numerous other organizations. Future plans for the project is to place counselors at all health facilities, supply mobile (outreach) CT, support and care to HIV persons and other affected persons, and to provide HIV prevention services to rural and other under-served communities throughout the Bojanala District of the North West province. Care and support activities will be provided through ongoing partnerships with other CBOs and FBOs with expertise in these areas.

During the COP 2007 period, LifeLine Rustenburg used PEPFAR funds to establish a mobile CT operation. The mobile unit and counselors at public health facilities provide CT services throughout the Bojanala District of the North West province. The target groups for the abstinence and being faithful (AB) prevention messages are males and females, 10 years and older, located in the identified hot spots in the province. A hot spot is defined as an area that has a high rate of traffic of vulnerable persons; for example, taxi ranks and the mining hostels. The LifeLine hot spots are currently located in the Bojanala region, and one hot spot has been identified in each sub-district. PEPFAR FY 2007 enabled LifeLine to work in seven such hotspots, although the target for FY 2008 is 12 hot spots.

ACTIVITIES AND EXPECTED RESULTS:

LifeLine will continue to provide accessible CT services that promote increased knowledge of personal HIV status. This service will facilitate access to care and support for HIV-infected and affected individuals. This Mobile CT Unit seeks to ensure the public has easy access to necessary information, counseling and testing, and prompt referrals for other relevant services. CT services offered are: pre-counseling group information sessions; individual or couple pre-test counseling inclusive of informed consent; testing and confirmatory testing, where necessary; and finally individual or couple post-test counseling sessions with required referrals. Mobile units will be used to improve access in hard to reach communities. CT services will also be available at the LifeLine centre for neighboring communities. Four nurses and 12 counselors conduct counseling and testing services through two mobile units that service 12 hot spots. All people who test positive are referred to treatment and care services.

Through CT, access to services for men and women will improve and gender issues are addressed accordingly. Statistics show that more women undergo CT at public health facilities. Pre- and post-test counseling sessions enable test-takers to examine their gender role as individuals and are encouraged to outline a plan of action for behavior change to prevent HIV infection.

Human capacity development activities through preliminary and ongoing training ensure sustainability. This ensures that the services are of the high quality and provided by competent staff. LifeLine will report to the National Department of Health on its activities and will comply with South African legislation in carrying out its services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8255

Related Activity: 13989, 13990, 13991

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23095	8255.23095.09	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	9897	4753.09		$194,181
8255	8255.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	$157,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13989	8271.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000
13990	8252.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$100,000
13991	8253.08	6678	4753.08		LifeLine North West - Rustenburg Centre	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	12	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	16	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,032	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	486.08	**Mechanism:**	N/A
Prime Partner:	National Department of Correctional Services, South Africa	**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:	3032.08	**Planned Funds:**	$630,500
Activity System ID:	14038		

Activity Narrative: SUMMARY:

PEPFAR funds will be used by the Department of Correctional Services (DCS) to increase the uptake of members in HIV counseling and testing (CT) services in correctional centers as well as in other places of work. The major emphasis area for this program will be awareness raising and accessing CT services, with minor emphasis placed on mobilizing the incarcerated community and encouraging their participation; information, education and communication; logistics; and strategic information. Target populations will include offenders and DCS members (men and women of reproductive age, including people living with HIV (PLHIV)), and most at-risk populations (e.g., men who have sex with men, injecting drug users). To increase capacity, DCS will train nurses, social workers, psychologists, and spiritual care workers in counseling and testing.

BACKGROUND:

This is an ongoing activity intended to initiate the establishment of voluntary counseling and testing (VCT) in correctional centers. According to the National Department of Health protocols, only nurses can be trained to give the rapid test. Social workers, psychologists, spiritual care workers and nurses, will be trained in pre- and post-test counseling. Other professionals will play a role in the delivery of pre-, post-, and ongoing counseling, which nursing personnel will be unable to do because of time constraints.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Counseling and Testing DCS members

Voluntary counseling and testing services will be made accessible to all DCS staff members at each correctional center and where possible at other places of work (e.g., offices, etc). Employee Assistance Practitioners (EAPs) will run campaigns in correctional facilities focusing on staff members and encouraging them to be tested for HIV. In facilities where the correctional center clinics are not suitable to offer the testing service, the EAP will collaborate with local NGOs to provide the CT services. Couple counseling will also be strongly encouraged and the service will be made available to all DCS staff.

In order to ensure that CT services are enhanced and encouraged among members, a number of 24 regional CT roll-out campaigns will be held (at least four per region). The number of members who have undergone CT is not known at this point in time as members are making use of external healthcare providers (private doctors or health facilities) if they want to test for HIV.

ACTIVITY 2: CT Services for Offenders

With FY 2006 funds, nurses, social workers and psychologists working in prisons were trained in CT. Each correctional facility will have confidential CT services. Peer educators will be used to encourage offenders to use CT, as well as conduct other health campaigns in prisons. One-hundred and twenty CT roll-out campaigns will be held in 120 correctional centers, especially targeting those centers where CT sites have not yet been established.

These activities will contribute to both 7 million infections averted and 10 million people in care by promoting and providing testing and counseling as an entry point for prevention, care, support and management of HIV and AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7376

Related Activity: 14035, 14036, 14037, 14039, 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22999	3032.22999.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$971
7376	3032.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$650,000
3032	3032.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14035	3029.08	6691	486.08		National Department of Correctional Services, South Africa	$436,500
14036	3030.08	6691	486.08		National Department of Correctional Services, South Africa	$135,800
14037	6544.08	6691	486.08		National Department of Correctional Services, South Africa	$388,000
14039	4526.08	6691	486.08		National Department of Correctional Services, South Africa	$203,700
14040	3031.08	6691	486.08		National Department of Correctional Services, South Africa	$145,500

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	240	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	23,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	500.08	**Mechanism:**	CDC Support - with CARE UGM
Prime Partner:	National Department of Health, South Africa	**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:	3046.08	**Planned Funds:**	$1,568,323
Activity System ID:	14060		

Activity Narrative: The aim of this project is to provide technical assistance to the National Department of Health (NDOH) and provincial health departments to ensure expansion and strengthening of CT services in all nine provinces. Target populations for these activities include host country government, healthcare workers, and community healthcare workers. PEPFAR funds will be used to employ two full-time CT technical advisors to be placed at NDOH. The technical advisors will assist with the coordination of CT activities, enhance capacity of NDOH CT staff by providing support for the NDOH annual CT technical meeting, and to support the implementation of provider-initiated testing and counseling (PITC) in five public facilities sites per province.

BACKGROUND:

The goal of the National CT program is to ensure the universal access to HIV counseling and testing. The purpose of this project is to provide technical assistance to NDOH by funding two CT technical advisors to work within the NDOH on all aspects of the program. Responsibilities of the technical advisors include focusing particularly on development of national guidelines on PITC and the training of healthcare providers. The technical advisors will also monitor the implementation of PITC in all provinces. They will also assist in the development and implementation of quality assurance guidelines around HIV testing.

The project will also support capacity building of healthcare workers and community healthcare workers, development and implementation of provincial CT specific operational plans, strengthening of national and provincial reporting systems, coordination of the national CT steering committee meeting, development of a monitoring and evaluation system for early infant diagnosis and strengthening service delivery through the implementation of systems strengthening activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance to NDOH

Technical assistance to NDOH will be conducted by two technical advisors. Although both will engage with NDOH regularly, one of the advisors, who will be a locally employed staff person, will work at the National program. Specific technical assistance to the national CT program will be around capacity building for all cadres of healthcare workers, monitoring and evaluation, the development of protocols and guidelines, and the implementation of PITC in all nine provinces.

The responsibility of the technical advisors will include support for the provision of quality HIV testing which will require (a) the development and implementation of quality assurance guidelines on HIV testing; (b) standardization of national quality assurance guidelines; and (c) supervision of quality training for all CT coordinators, laboratory technicians and nurses who conduct HIV testing.

Support will also be provided for the accreditation of non-medical CT facilities according to the NDOH requirements as well as the revision of all current training materials relating to CT.

In addition, PEPFAR funds will support skills enhancement of current NDOH and provincial staff by providing support for the national CT technical meeting and attendance of NDOH CT staff at the International HIV and AIDS meeting.

This program will contribute to 2-7-10 goals by ensuring the implementation of quality CT services and increasing access to CT services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7366

Related Activity: 14057, 14058, 14068, 14069, 14063, 14071, 14059, 14061, 14062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22850	3046.22850.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$1,522,692
7366	3046.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$1,275,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	2,036,000	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

The September 2008 CT target was estimated by reviewing the ART targets for each year over a five year period in order to reach 500,000 persons on ART by September 2009. Over the past 3 years, approximately 19 people were tested for HIV per every one person placed on ART. Therefore, the 2008 and 2009 CT target is estimated to be 2,036,000 for each year.

Significant support is provided to the NDOH to increase CT uptake. This includes training, development of policies and guidelines and other technical assistance. These activities are described in the activity narrative.

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	7279.08	**Mechanism:**	N/A
Prime Partner:	African Medical and Research Foundation	**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:	15872.08	**Planned Funds:**	$455,000
Activity System ID:	15872		

Activity Narrative: SUMMARY

The African Medical and Research Foundation (AMREF) aims to address the need to strengthen voluntary counseling and testing (VCT) services in partnership with the Eastern Cape Department of Health. The project is comprised of a series of coordinated interventions that aim to achieve two main outcomes: (1) assess and build the capacity of the selected CT sites in the Eastern Cape Province (Amatole, Chris Hani and Ukhahlamba districts) and, (2) strengthen the integration and coordination of HIV and TB services in selected facilities in the same areas. The target population includes health professionals working in CT and TB services, lay councilors, DOTS supporters, traditional leaders and local communities. AMREF will emphasize the strengthening of CT services and co-ordination of CT and TB services to enable increased access to and quality of CT services.

BACKGROUND:

AMREF will strengthen the current TBCT initiative. Working in partnership with key government and non-governmental- and community-based organizations at the provincial, district and municipality levels, AMREF will use PEPFAR funds to strengthen and improve the quality HIV counseling, testing, support and care services and will ensure that effective referral is taking place. The project also aims to improve community communication and reduce stigma surrounding TB and HIV co-infection through developing communication materials and strategies with the full participation of community members and relevant partners.

ACTIVITIES AND EXPECTED RESULTS

AMREF SA has collaborated with the Eastern Cape Department of Health in developing this proposal in response to the urgent need for strengthening the current CT program. This activity includes developing comprehensive training programs; continual mentoring of trainees by local partners; developing and strengthening sustainable systems for quality CT services; strengthening referral systems; improving CT and TB co-ordination; and increasing demand for CT services. In the third year of the project, AMREF will expand the program area and focus its activities to assessment of CT services, capacity building through training and mentoring support, and monitoring of the referral system. FY 2008 activities will focus on selected training for service providers in expansion areas, social mobilization, reduction of stigma and discrimination, social marketing for CT, mentoring, and technical support to retained FY 2006 and FY 2007 facilities. AMREF will continue with mentoring and monitoring referral systems and skills application in delivering quality services.

ACTIVITY 1: Operations Research

AMREF will expand its program from 70 to 176 facilities, where 106 additional facilities will fall under the Buffalo City local service area (LSA), based on discussions with the Eastern Cape Department of Health. In line with FY 2006 approach, AMREF will further test and disseminate "best practice" models through operations research aimed at assessing the capacity of health workers and quality of CT services and integration with TB services in expansion area. AMREF will document lessons learned and generate evidence on approaches and strategies that have the greatest positive impact on CT services in terms of improving access to appropriate and quality services and cross referrals between CT and TB services. PEPFAR funds will be used to roll out a monitoring system for tracking and analysis of CT services and to build capacity of health workers to increase coordination between CT and TB services which can be used to inform policy makers at all levels.

ACTIVITY 2: Capacity Building

The expansion will include expanded coverage into Buffalo City (based on preliminary discussions with ECDOH) where only 11 facilities are supported with FY 2006 and FY 2007 funds. An additional 106 facilities will be supported (showing a 251% increase from 70 facilities supported with FY 2006 and FY 2007 funds to the proposed 176 sites). AMREF will facilitate effective planning and coordination, through workshops, mentoring, on-site support and training programs to improve the overall quality of service provision for CT in the expansion LSAs. Capacity building will focus on the critical weaknesses that have been identified by the provincial and district DOH of the Eastern Cape and NGO partners at the local level. This activity includes improving the knowledge and skills of CT and TB service providers and NGO partners. Capacity building activities will focus on developing skills to refer and support CT services effectively; and use of a functional recording system to follow-up and monitor delivery of and demand for CT services at local service areas (i.e. facility levels). Health professionals from 106 additional facilities will be trained in counseling and testing according to national and international standards. Capacity building assistance to strengthen data collection, management and organizational systems will be included in the AMREF agreement with Centers for Disease Control and Prevention (CDC). In line with South African National Strategic Plan (2007 to 2011), AMREF will strengthen the capacity of facilities to implement provider-initiated testing and counseling, especially among TB patients. AMREF will retain current districts (Chris Hani, Amatole, and Ukhahlamba) in FY2008. Under the retained facilities, AMREF will use the FY 2008 funds to (a) support facilities in establishing a Counselors Support System/Forum aimed at reducing burn out of counselors and helping improve the quality of counseling services offered to clients; and (b) strengthen district HAST Committees through capacity building (training) and mentoring using supported LSAs as mentor sites for a district model of CT-TB integration.

ACTIVITY 3 - Referral Systems

AMREF will institutionalize the use of systems and tools for cross referrals from CT and TB services. AMREF will work in collaboration with service providers in establishing referral systems to promote screening of TB patients for HIV and screening of CT clients for TB. This will enable accurate data and monitoring of the number of HIV infected clients that are undergoing screening for TB. AMREF will also expand referral systems to include expansion sites. Through local partnerships and networks, AMREF will advocate for CT policy change through engagement of policy makers with the aim of strengthening of CT-TB integration and provision of facilitating provider-initiated TC.

ACTIVITY 4: Community Mobilization

Activity Narrative:

AMREF will facilitate community mobilization for testing through further support of social marketing campaigns using mass media messages and inter-personal communication. Information, Education and Communication (IEC) materials developed with FY 200820082008 funds will be disseminated through community members and service providers. Youth advocates will be engaged to discuss issues around testing with their peers. Messages will also inform people of service provision and assist in facilitating linkages between prevention, testing, treatment, care and support services. Social marketing will focus on Community-led information education communication (IEC) material development and dissemination. Youth advocate training and support for peer education and mobilization for prevention and testing.Strengthening of existing attempts to promote couples counseling and Behavior Change Communication (BCC) through mass media messages (radio, community talks) and inter-personal communication. Training for NGOs, CBOs, FBOs and traditional healers, leaders and other community stakeholders (HBC, CCW, CHWs etc) in community mobilization, BCC, IEC material development, and support to assist them facilitate access to testing for community members. It is estimated that 310,104 people are infected with HIV in the four targeted LSAs and approximately 2.9% access CT (NDOH, 2006).

AMREF will assist PEPFAR in reaching the vision outlined in the South African Five Year Strategy by increasing access to care and treatment through the improvement of health services to deliver quality CT for local communities and improved CT/TB coordination and by strengthening and improving the quality of CT programs through implementation, evaluation and replication of best practices in the area of CT programming. AMREF activities will contribute to the PEPFAR 2-7-10 goals by ensuring community involvement and increased capacity and referral for CT programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13706

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13706	12417.08	6577	4616.08		CARE International	$211,824

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	176	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	256	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	33,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7300.08
Mechanism: N/A
Prime Partner: Pathfinder International
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: 15941.08
Planned Funds: $250,000
Activity System ID: 15941

Activity Narrative: SUMMARY:

Pathfinder/Planned Parenthood Association of South Africa (PPASA) will train PPASA nurses and public sector service providers from four existing clinics and the public sector facilities in the PPASA clinic catchments areas to provide youth-friendly voluntary counseling and testing (CT) services to young people ages 15-24. This project will train nurses on pre- and post-test counseling, testing procedures and record keeping related to CT. A comprehensive community-based behavior change communication (BCC) and social mobilization strategy involving youth networks and community groups will promote CT and access to care and treatment services. The emphasis areas for these activities are human capacity development and local organizational capacity development. Specific target populations include young people between the ages of 15-24 years.

BACKGROUND:

All activities related to this project will be initiated in FY 2008. The objective under this program area is to improve access to and utilization of CT by youth by strengthening the capacity of PPASA youth-friendly clinics to provide CT services in four clinics. All activities will be implemented by PPASA and services will be made available in PPASA youth clinics in KwaZulu-Natal, Gauteng, North West, and the Eastern Cape. CT is both a preventive service, to provide information and support for those who are negative, as well as an entry point to care and support services for those who test positive. CT is a necessary component of comprehensive HIV and AIDS services and further provides the opportunity to screen for other opportunistic infections, such as TB and STIs. High HIV prevalence among young people indicates that there remains a significant unmet need for care and support services. In order to meet the needs of these youth, quality youth-friendly CT services must be available and age-appropriate, ensuring that services adhere to basic rights for privacy and confidentiality and that there are adequate staff and facilities to ensure real access.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Providers and Social Mobilization

Pathfinder/PPASA propose to train PPASA nurses and public sector service providers from six existing clinics and the public sector facilities in the PPASA clinic catchments areas to provide youth-friendly CT services which will emphasize elements such as respect for youth, confidentiality and privacy for young people ages 15-24. This project will provide refresher training for nurses on pre- and post-test counseling, testing procedures and record keeping.

ACTIVITY 2: Behavior Change Communication

A comprehensive community-based BCC and social mobilization strategy involving youth networks and community groups will promote CT, and access to care and treatment services. The BCC and social marketing interventions will focus on barriers that influence youths' willingness to seek services, particularly misinformation about benefits, perceptions about poor confidentiality and provider bias, and stigma and discrimination in the community and in the facilities. The BCC strategy implemented through community clinics and peer educators will promote the availability of youth-friendly, confidential CT services. Emphasis will shift from the transmission of information to dialogue, debate, and negotiation on issues that resonate with youth and members of the community. In order to support acceptability, young people and communities should know that youth-friendly CT services offer confidentiality and psychological support before and after testing. CT clients will be encouraged to recruit their peers to be tested. Dialogue, debates, and other communication activities through print and audio-visual materials will inform young people about the importance of CT. These materials will be disseminated through youth networks, community groups, clubs etc.

ACTIVITY 3: CT Service Provision to Youth

As a starting point, the project will conduct thorough HIV and AIDS clinical care needs assessment of clinics and upgrade facilities as needed. During general visits to the clinic, providers will offer CT to all clients, and provide crucial information on STIs and HIV and AIDS. Counselors will stress the importance of testing for clients and their partners, provide information on use of condoms for dual protection against STIs/HIV and pregnancy, and discuss primary and secondary abstinence and being mutually faithful in relationships. Service providers will conduct post-test counseling with all clients, as per South African Government standards, and will provide referrals to other adolescent sexual and reproductive health (ASRH) services and care and support services within a facility, as needed. All young people testing positive will be referred and offered enrolment in the clinic's ambulatory care program. Youth testing positive for HIV will also be referred to community resources, such as community home-based care (CHBC) programs. The project will also establish linkages with CT, prevention of mother-to-child transmission and antiretroviral treatment national programs so that youth-friendly sites are under national programs.

Young men and women differ in the decision-making that leads to the use of CT services. Males tend to seek testing independently of others, in part because they fear isolation and abandonment by their peers, who are likely to consider this an example of "male weakness." Young women usually feel compelled to discuss testing with their partners, friends or relatives before accessing the service, thereby creating a potential access barrier since they might be discouraged from taking an HIV test. To increase access to testing, attention to gender issues will be improved in health providers' training, as well as in routine activities and promotion of CT services carried out by peer educators.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of CT services for young people.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15942, 15940, 15943

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15942	15942.08	7300	7300.08		Pathfinder International	$250,000
15940	15940.08	7300	7300.08		Pathfinder International	$250,000
15943	15943.08	7300	7300.08		Pathfinder International	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	15	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	7311.08	**Mechanism:**	N/A
Prime Partner:	GRIP Intervention	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	16012.08	**Planned Funds:**	$100,000
Activity System ID:	16012		

Activity Narrative: SUMMARY:

In March 2007, the Greater Nelspruit Rape Intervention Project (GRIP) established a walk-in HIV voluntary counseling and testing site at its headquarters in Nelspruit, Mpumalanga. A professional nurse was appointed to offer free HIV counseling and testing (CT) and awareness to any community member who visits the site. The nurse is also involved in creating awareness on HIV and AIDS throughout the business community in Nelspruit. Individuals who test negative are given guidance and information on how to prevent the transmission of HIV. Through this CT site, GRIP promotes CT through advertising and community mobilization campaigns. The professional nurse follows up and links clients into referral systems to ensure they receive appropriate and timely care and treatment services. GRIP will use FY 2008 funds to appoint a second nurse who will offer CT to the community. This will involve counseling and testing of survivors and vulnerable children in their homes, and will include providing guidance, advice and assistance, where necessary. The community nurse will work with a team of counselors to provide in-depth individualized counseling tailored to survivors' needs. The team will reach out to survivors in areas where there is inadequate numbers of healthcare workers and poor transportation infrastructure. The emphasis areas are gender and workplace programs.

BACKGROUND:

GRIP was initiated by volunteers and established in 2000. GRIP started by offering services to all rape and sexually assaulted survivors. GRIP seeks to empower all women, men and children through the process of preventative education, counseling and testing, post traumatic care, advocacy and lobbying. Due to the link between rape and HIV/AIDS, GRIP is now also focusing on HIV prevention and Voluntary counseling and testing.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV Counseling and Testing at the Walk-in Facility

The GRIP non-medical walk -in site offers CT, information on HIV and AIDS, and HIV-related referral services. The referral system focuses on active follow-up, tracking of clients, and linking HIV-infected clients with prevention, care and treatment services. Clients who test negative for HIV are linked to other prevention services. The walk-in facility operates from the GRIP Head Office. The professional nurse conducts voluntary testing on any community member that wishes to know his/her status in a private and confidential yet comfortable and friendly room. The rapid finger prick test is used and test results are immediate. A follow-up test is done to confirm the original results. People who receive HIV testing in this site will receive pre-test counseling to prepare for the implications of the test, and post-test counseling in order to deal with the emotions regarding the result.

ACTIVITY 2: Community-based Counseling and Testing

The community nurse will be responsible for HIV counseling and testing to survivors of rape or sexually assault, and who may be at risk for being infected with HIV. The community nurse’s duties are distinct from those of the Walk-in-Facility nurse’s duties. The community nurse will travel to survivors’ homes in rural areas where there is limited infrastructure and no public transport. Testing and counseling will be conducted in the familiarity and safety of the survivors’ own homes. The rapid finger prick test will be used and if a survivor tests positive, a follow-up blood test and CD4 count will be taken. Each survivor has individual needs and each survivor who tests positive will be monitored while the professional nurse will ensure follow-up tests and medication.

The community nurse will be accompanied by the survivor's counselor on home visits. The counselor will be there to provide additional support and guidance if the test is positive. The community nurse will conduct home visits to all survivors and offer HIV counseling and testing, whenever it is needed. GRIP will also assist those infected with HIV to adopt positive lifestyles and offer entry into treatment programs, when needed. Through this intervention, GRIP aims at empowering the community with information on HIV and AIDS and the opportunity to know their status.

ACTIVITY 3: Corporate Testing and Awareness Raising

GRIP also assists in debunking myths and "instant cures" by providing correct and factual information on appropriate lifestyle changes. This activity is supported by language-relevant booklets and facilitating access to relevant treatment programs. Beyond the suffering HIV imposes on individuals and their families, the epidemic is profoundly affecting the social and economic fabric of societies and is affecting the most productive segment of the labor force. Therefore, GRIP would like to reach out to the corporate sector that includes businesses and the farming community. GRIP will offer employees HIV testing, information, preventative talks and referral to immediate counseling if tested positive. The methods to be used in this activity will be very interactive and participatory, and attendance of participants should be seen as part of work obligations. Some of the activities will include assessments of high-risk behaviors, information about transmission, support to vulnerable young women, information on the effects of the virus and emotions thereof and information on prevention and management of HIV infection.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16272, 16273

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16273	16273.08	7311	7311.08		GRIP Intervention	$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	2	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,550	False

Indirect Targets

Due to the fact that this is the first COP, it is difficult to predict the outcome of indirect targets and figures can only be provided when the program is running and effective.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	7315.08	**Mechanism:**	Care UGM
Prime Partner:	Scientific Medical Research	**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:	16022.08	**Planned Funds:**	$1,000,000
Activity System ID:	16022		

Activity Narrative: SUMMARY:

Scientific Medical Research is developing an innovative monitoring and evaluation program that (a) assesses the quality and impact of HIV programs in the public sector; (b) generates regular feedback to the programs and donors; and (c) aims to improve the quality of service to the communities and program implementing institutions through appropriate feedback mechanisms.

BACKGROUND:

This program is a continuation of a Tucker Strategy supplementary PEPFAR funding proposal which commenced on 1 December 2006 for the initiation of this novel comprehensive assessment mechanism. Funds used for the initial set-up phase are allocated to the employment of a small core of appropriately qualified persons to drive the establishment of this process, and to a relatively small consumables budget.

The response to the HIV epidemic in South Africa is expanding, as public and private institutions scale up their efforts to prevent new infections, as well as care for and treat those who are already HIV-infected. These programs are either self-funded or funded by external agencies such as PEPFAR. The quality of HIV services, however, varies dramatically in both public and private sectors. Many people only have access to a limited package of prevention measures and/or counseling and testing (CT), while others have access to a comprehensive package of education, prevention and care including antiretroviral treatment. Even where CT (and other) services exist, the impact and quality of services varies substantially.

There is currently no agency that assists both public sector funding agencies and implementing institutions to make objective, external evaluations of the quality of workplace-based HIV programs, and use that information in a positive way to improve the quality of care offered. A gold standard by which they can assess the HIV-related activities will tend motivate towards more and better corporate interventions. In the absence of adequate external review and quality assessment of HIV programs, both donors' and implementing institutions' management are unable to monitor the successes and failures of the programs, and where required, institute appropriate changes to improve the quality of the programs.

Scientific Medical Research is an independent organization that has no ties any HIV services providers. Its staff will comprise a mixture of skilled staff able to develop the systems for this organization as well as staff with the ability to assess/audit medical programs. The company is "black empowered," in keeping with the aims of the South African Healthcare Charter.

ACTIVITIES AND EXPECTED RESULTS:

In the initial 12 months of this project, Scientific Medical Research will carry out three activities.

ACTIVITY 1:

A small core of appropriately qualified persons will be employed and trained to drive this process. Staff will attend relevant monitoring and evaluation courses and conferences.

ACTIVITY 2:

In consultation with CDC Pretoria staff, program assessment methodology will be piloted, initially at two sites. The pilot will be followed by review and where necessary, modification of the assessment methodology. Additional sites will be assessed as advised by CDC.

ACTIVITY 3:

Scientific Medical Research will establish appropriately designed databases to manage the program assessment activities. FY 2008 COP activities will be expanded to include: (1) expanding monitoring at additional CT sites as identified by CDC, Pretoria; (2) developing monitoring modules for care and treatment; (3) monitoring at care an treatment sites, as identified by CDC, Pretoria; and (4) assessing feasibility of (in consultation with CDC Pretoria) expanding the Comprehensive HIV and AIDS Quality Assurance (CHAQA) monitoring model to other program areas and sharing with other countries.

These results contribute to the PEPFAR 2-7-10 goals by strengthening the ability of local institutions to implement programs efficiently, especially improved quality assurance and leadership through evaluation of national prevention, care and treatment efforts.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13706

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13706	12417.08	6577	4616.08		CARE International	$211,824

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 262.08

Mechanism: N/A

Prime Partner: National Institute for Communicable Diseases

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: 8215.08

Planned Funds: $300,000

Activity System ID: 16003

Activity Narrative: SUMMARY:

This activity supports expansion of routine provider-initiated HIV counseling and testing (CT) through appropriately augmented CT activities (to be decided) for sexually transmitted infection (STI) patients. The activity will be conducted in primary care clinics in Gauteng province and, as applicable, other provinces, in collaboration with local Departments of Health. The prime partner, the STI Research Centre (STIRC) of the National Institute for Communicable Diseases (NICD) in South Africa will work closely with CDC/Division of STD Prevention to provide technical expertise and activity oversight, and with CDC staff in South Africa and local partners to ensure activities are consistent with local and national policies on HIV CT.

ACTIVITIES AND EXPECTED RESULTS:

Target populations are adolescents and young adults (15-24) and older adults (> 24 yrs) with STIs, and will include other vulnerable groups who come for STI care at primary care clinics (e.g., clients of sex workers and their partners). Specific ongoing activities on which PEPFAR funds will be used will be decided under consultation with CDC staff in South Africa. The results of this activity contribute directly to all PEPFAR goals through prevention of new HIV infections, and identification of new HIV infections through increased testing -- thus allowing referral to HIV clinical care and (as applicable) HIV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8215

Related Activity: 15939, 15938, 14073, 14074, 14075, 14076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22858	8215.22858.09	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	9807	262.09		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15939	15939.08	6700	262.08		National Institute for Communicable Diseases	$250,000
15938	15938.08	6700	262.08		National Institute for Communicable Diseases	$250,000
14073	6424.08	6700	262.08		National Institute for Communicable Diseases	$582,000
14074	12473.08	6700	262.08		National Institute for Communicable Diseases	$873,000
14075	2959.08	6700	262.08		National Institute for Communicable Diseases	$2,885,750
14076	2958.08	6700	262.08		National Institute for Communicable Diseases	$3,835,438

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1,200	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Gauteng

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	478.08	**Mechanism:**	N/A
Prime Partner:	Hospice and Palliative Care Assn. Of South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	16864.08	**Planned Funds:**	$97,000
Activity System ID:	16864		

Activity Narrative: SUMMARY:

The Hospice and Palliative Care Association of South Africa (HPCA) currently has 75 member hospices throughout South Africa (SA), each an independent legal entity. The Mission of HPCA is to provide and enhance the provision of sustainable, accessible, quality palliative care. PEPFAR funds will strengthen the capacity of member hospices and other governmental and non-governmental organizations to provide quality services to HIV-infected persons.

BACKGROUND:

HPCA strengthens existing services and develops new services through direct funding to member hospices to promote accessibility and availability of palliative care in SA, including work with religious leaders and member hospices that are faith-based organizations. HPCA personnel at national, provincial and district levels continue to provide the infrastructure and coordination to develop and strengthen palliative care programs within member hospices, the formal healthcare sector, and NGOs. Improved collaboration between HPCA and National Department of Health (NDOH) is a key objective, aimed at optimum utilization of scarce palliative care resources. FY 2006 funding has allowed the training of 7,108 trainees from October 2006 to July 2007. The major focus of FY 2008 funding will be to train and support staff from identified hospices to integrate counseling and testing (CT) into their services as a pilot program. The program will focus on training and supporting hospice staff to provide CT services to patients and their families.

ACTIVITY 1: Pilot Site Project

PEPFAR funding in FY 2008 will enable HPCA to select four pilot sites in four provinces to integrate CT into their patient services. The funds will be used to employ a professional nurse at each of these four sites, to pay related overheads and to provide the necessary equipment and rapid test kits. Information brochures will be produced for distribution at these four hospice sites and wherever else appropriate. After completing the pilot project, HPCA will extend these CT services to all member hospices and sites. Within these four hospice sites, CT will also be provided to families in homes as part of the home-based care program.

ACTIVITY 2: CT Training

Specific counseling and rapid testing training will be provided to these four, and other hospice professional nurses, who will be certified after having received the required training. If necessary, lay counselors will also receive specialized training to alleviate the burden on the clinical staff. Additional training will be provided on couple counseling and testing. Home-based caregivers (HBCs) will be trained to identify potential HIV patients in the community or family members and neighbors of patients. Those identified will be encouraged and referred to the hospice for CT. The HBCs will also receive training on antiretroviral treatment support and the importance of treatment adherence. The four professional nurses will also be trained in supervision skills, as they will be supervising the HBCs involved in supporting this pilot project.

ACTIVITY 3: Client Services

The target population for CT will be patients, their families, and neighbors. The objective is to identify those in most need of HIV treatment at the earliest opportunity. Confidentiality will be maintained through a professional approach. The pilot hospices will have stocks of high quality CT rapid test kits and external quality control measures around rapid testing will be implemented. Free tests will be offered, in a medical setting at these sites, by trained and certified staff to all patients and their families or neighbors who present with conditions that might suggest underlying HIV disease. Specially trained personnel will provide appropriate pre- and post-test counseling in all cases. HIV-infected patients will be routinely referred for TB testing, and to antiretroviral (ARV) clinics for CD4 counts and ARV treatment. Ongoing counseling and referrals for medical care will be available to those who test HIV positive. HPCA personnel will facilitate ARV treatment support for enhanced adherence to antiretroviral drugs. Trained home-based caregivers will provide enhanced treatment support and patients will be referred to support groups. Those who test HIV negative will be encouraged to maintain their negative status though educating them about prevention, and how to protect themselves and their partners.

It has been shown that CT reduces the transmission of HIV from infected individuals to their partners. Hospice site staff will be trained in the importance of targeting men, and on couple counseling and testing. Disclosure remains voluntary, but HIV-infected patients will be encouraged to disclose their HIV status to their partners and families when they feel safe to do so. Couple counseling will help to address this issue. The four professional nurses at each site will supervise home-based caregivers who will be providing information and support on CT in the communities.

ACTIVITY 4: Liaison with ARV Clinics and the Department of Health

The four pilot sites will improve liaison with local ARV clinics and the Department of Health to optimize CT in that region. Patients will be referred to HIV support and advocacy groups.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13798, 13800, 13799

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13798	3019.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$7,667,500
13800	13800.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$97,000
13799	12479.08	6613	478.08		Hospice and Palliative Care Assn. Of South Africa	$1,250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	8	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	8707.08	**Mechanism:**	N/A
Prime Partner:	Salesian Mission	**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:	19510.08	**Planned Funds:**	$522,000
Activity System ID:	19510		

Activity Narrative: SUMMARY:

Salesian Missions will conduct a voluntary counseling and testing (VCT) Life Choices project serving youth and adults in the Western Cape.

BACKGROUND:

The vision of Life Choices is to reach youth with a culturally accepted abstinence and be faithful (AB) message early in their lives and to support the maintenance of positive behavior changes during adolescence and adulthood through the involvement of community mentors, informed parents, and organized peer groups. Life Choices has also networked with an established organization in order to use their mobile VCT in the project's targeted High Schools. However, Life Choices' capacity to carry out VCT services is much higher than the numbers its' partner organization has been able to meet. As a part of the successful education and peer training programs, the belief of normalization and importance of testing has been made a norm with all the youth, thereby creating an unprecedented demand. This program hopes to meet the demand created within youth to know their status, and to take advantage of Life Choices' vast network within the Western Cape area and implement VCT with youth in the Western Cape area (rural and urban) via a mobile VCT unit.

ACTIVITIES AND EXPECTED RESULTS:

The main goals of this project are to: 1) increase access to youth friendly VCT by youths and young couples 15-24 years in high schools; 2) increase access to mobile VCT during the weekend in churches and; 3) build an indigenous, sustainable response to the national HIV epidemic in South Africa through a rapid expansion of innovative, culturally appropriate, high-quality, youth friendly HIV/AIDS VCT services.

Salesian Missions will expand VCT services to youth by: 1) integrating VCT into Life Choices; 2) offering high schools and churches in the Western Cape Province with access to mobile VCT services; 3) improving the quality of youth friendly VCT services at existing VCT sites through training and mentoring of service providers and other clinic staff; 4) increase community mobilization within schools and churches via peer educators, educators, parents and community leaders; and 5) offering psychological support and counseling for onward care and support services to clients diagnosed as HIV infected.

Expanding CT services contribute towards the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8708.08
Mechanism: N/A
Prime Partner: JHPIEGO SA
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: 19511.08
Planned Funds: $522,000
Activity System ID: 19511

Activity Narrative: SUMMARY:
The focus of this project is the implementation of confidential counseling and testing (CT) in the workplace and will link CT with other interventions such as prevention, treatment and support systems. Emphasis areas will be CT service delivery, development of HIV policies in the workplace, training, prevention messages, quality assurance and supportive supervision, and capacity building, Target groups will include women and men of reproductive age, management and trade union members in the work environment.
BACKGROUND:
Under this project JHPIEGO will assist individual companies to create a conducive environment for confidentialand voluntary counseling and testing. JHPIEGO will do this by addressing management, unions and employees though the provision of basic but thourough HIV and AIDS information; providing assistance in the reduction of stigma and discrimination and the impact of HIV and AIDS in the workplace; and supporting VCT services.
ACTIVITIES AND EXPECTED RESULTS:
JHPIEGO will institute confidential counseling and testing services in the workforce in both private and public institutions. JHPIEGO will design workplace HIV and AIDS programs that respond to individual companies' needs and fulfill the goals of this project. Management, union members, individual employees, and family members will be targeted. JHPIEGO will work to ensure that confidential counseling and rapid testing services focusing on risk reduction, will be accessible to all workers and their partners in selected sites. JHPIEGO will also incorporate stigma reduction strategies and issues of sexual violence and prevention for positives. The expected results under this objective are: 1) Workplace HIV and AIDS policies developed and disseminated; 2) Counseling and testing sites established and running; 3) Stigma surrounding HIV and AIDS reduced in and out of the workplace; 4) Prevention message dissemination strategies developed and sustained; 5) Peer education programs developed and sustained and;6) Establish linkages to care, treatment and other interventions.
Throughout the life of this project, JHPIEGO will implement the GIPA(Greater Involvement of People living with HIV and AIDS) principles as appropriate; the GIPA principle supports the substantive involvement and inclusion of people living with HIV and AIDS in all aspects of project design, implementation and monitoring.

These activities will directly support PEPFAR 2-7-10 goals.

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

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	75	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8683.08
Mechanism: N/A
Prime Partner: South African Business Coalition on HIV and AIDS
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: 19514.08
Planned Funds: $368,000
Activity System ID: 19514

Activity Narrative: SUMMARY:

SABCOHA program PEPFAR funds will be used to identify HIV-infected individuals as noted in the Vendor Chain and BizAIDS programs below. VCT is used as a prevention mechanism to promote abstinence, be faithful and to use condoms, as well as an entry-point in to ARV treatment. It is also an essential tool for fighting stigma and discrimination. The major area of emphasis is Workplace Programs. Minor areas of emphasis include Community Mobilization/Participation, and Information, Education and communication.. Specific target populations include Male and Female adults, Truckers, and the Business Community.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Vendor Chain
Vendor Chain Management – the businesses that have been offered capacity building though the development of a workplace - will be offered VCT during the second phase of the programme. VCT will be offered to all employees of participating businesses.

Activity 2: BizAIDS
BizAIDS activities will ensure that VCT is provided in a training workshop setting.

Activity 3: SABCOHA will use the contracted Disease Management service provider for the provision of counseling and testing.
Linkages with other services providers and public hospitals will be explored to maximize the manner in which the intervention can reach the target group effectively and efficiently, as need arises.

The counseling and testing interventions will be conducted by a sub-partner and that will facilitate the implementation of VCT services to communities that would not otherwise be able to access testing. The. FY 2008 funding will ensure that employed populations have access to counseling and testing services in the workplace. SABCOHA will primarily use On-site VCT and provide counseling and testing at the site of the SME. All sites will be inspected for suitability for testing: e.g. privacy for employees, accessibility, hygiene. A communication campaign informing employees about the testing date is undertaken before the testing dates. Such communication is linked into the prevention ABC education. Prior and on the date of testing, the eligible individuals undergo an education session which includes motivational messaging on the benefits and procedures of HIV testing.
Information on organizations which provide support will be given to the employees. Referrals for HIV positive individuals will be done for PreHAART and treatment related services, which will be offered by an contracted Treatment service provider.

SABCOHA's VCT activities will contribute to the PEPFAR 2-7-10 goals by identifying HIV-infected individuals for care, treatment and preventing infection in those who are HIV-negative. This will contribute to the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to, and availability and quality of VCT services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,875	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8711.08

Mechanism: N/A

Prime Partner: Tshepang Trust

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: 19515.08

Planned Funds: $386,000

Activity System ID: 19515

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in ARV Drugs, ARV Services, and Other Prevention. This is a follow-on activity to the American Center for International Labor Solidarity.

BACKGROUND:

the FY 2007 PEPFAR funding corporative agreement has enabled the Tshepang Trust to start testing workplace employees together with their immediate dependents. In the FY 2007 period and going into the FY 2008, the Trust is focusing on utilizing general practitioners (GPs) to do routine counseling and testing in their consulting rooms. The Trust although it had a slow start for the FY 2007 period, is gaining momentum with testing both in GPs rooms and in workplaces through partnerships with other VCT entities, is currently testing on average 500 individuals per month and the number is rising as the program becomes known with the assistance of the SA Medical Association in alerting its members on the program.

The emphasis area for this workplace activity is testing for early detection. The target population for this initiative is men and women of reproductive age working in SMEs, the healthcare and education sector including their partners and dependents. This includes managers, worker representatives and workers, educators and other individuals working in the education sector and healthcare workers working in the public healthcare sector particularly in areas where Tshepang currently has public private partnerships with some of Gauteng's public ARV sites.

With funding from PEPFAR, these workplace programs will conduct HIV awareness and testing sessions for both employers and employees on the basic facts of HIV transmission, prevention, and impact of HIV and AIDS on the industry.

This activity will directly contribute to PEPFAR's goal of preventing 7 million new infections and treating more than 10 million infected persons. These activities support the USG Five-Year Strategy for South Africa by expanding and improving quality workplace HIV and AIDS prevention programs and are also in line with the SA National Strategic Plan.

ACTIVITIES AND EXPECTED RESULTS:

This activity will provide access to VCT services for employees, their partners and their dependents through referrals to general practitioner (GP) sites and aso workplace wellness facilities. These GPs will provide counseling and testing and initiation into treatment.
These accomplishments will directly contribute to the realization of PEPFAR's goal to prevent 7 million new infections and provide care for 10 million people infected with HIV. These accomplishments also support the prevention, care and treatment goals laid out in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	300	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	8682.08	**Mechanism:**	N/A
Prime Partner:	Education Labour Relations Council	**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:	19516.08	**Planned Funds:**	$450,000
Activity System ID:	19516		

Activity Narrative: SUMMARY:

The voluntary counseling and testing (VCT) activity is a component of integrated service delivery activities through the training of peer education and lay counselors in the workplace; and relates to activities in prevention/abstinence and being faithful as well as condom distribution and sexually transmitted infection program. This activity is a component of a comprehensive prevention education, care and treatment program and activities are described in AB, Policy Analysis and Systems Strengthening, and Condoms and Other Prevention. With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 and FY 2008 PEPFAR funding ELRC will implement a country-wide project in all 9 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training Master Trainers and Lay Counselors

Master trainers and lay counselors will receive training on rapid test protocols and VCT. The Master trainers will be responsible for training lay counselors within their educational sector unions as well as increasing the demand for and acceptance of VCT services.

ACTIVITY 2: VCT Services

This activity will provide access to VCT services for teachers and their families. Services will include training, support and supervision of counselors. Peer educators within the education sector will promote HIV counseling and testing as a strategy to prevent HIV. The peer educator will also raise awareness about local community VCT Centers to increase the uptake and accessibility of counseling and testing. For those who test positive, trained lay counselors will offer counseling on how to live with HIV, as well as strategies to mitigate stigma and discrimination in the workplace and education sector.

ACTIVITY 3: Fostering linkages to treatment, care and support

ELRC will work with the implementing education sector unions providing VCT to ensure that linkages with treatment, care and support services are established. ELRC will ensure, via the implementation of a tracking system that all educators testing positive will be provided with referrals as needed. In addition, lay counselors will work with the union to track educations who have been referred and to ensure that they receive the services that they have been referred for. ELRC will develop a comprehensive provincial-based directory of services. This directory will be geared towards educators and their families and will be distributed via the union structures.

These accomplishments will directly contribute to the realization of PEPFAR's goal to prevent 7 million new infections and provide care for 10 million people infected with HIV. These accomplishments also support the prevention, care and treatment goals laid out in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Mobile populations

Other

Pregnant women

People Living with HIV / AIDS

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Northern Cape
North-West
Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8681.08
Mechanism: N/A
Prime Partner: South African Democratic Teachers Union
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: 19517.08
Planned Funds: $450,000
Activity System ID: 19517

Activity Narrative: SUMMARY:

South African Democratic Teachers Union (SADTU) will expand counseling and testing services for teachers, learners and their workplace community in three provinces and refer them for care and treatments services.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conducive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. The SADTU will implement routine access to VCT services in its events making it possible for union members to participate in VCT without having to go to clinics or health centers. Partnerships are already in place with local public clinics and mobile clinics. Any union member testing positive will be referred to the partner health facility for treatment, care and support services. At each of the health facilities the SADTU project will support 2 additional community health workers trained in local languages to assist in fast tracking union members who have been identified as HIV positive at union events.

ACTIVITITES AND EXPECTED RESULTS:

Activity 1: Training of community health workers

17 community health care workers will be trained as lay counselors for VCT. They will be placed at partner clinics in each of the three provinces. They will also offer VCT at union events and those who test positive will be referred to treatment, care and support services at the referral clinics. Pregnant women will be referred for PMTCT.

Activity 2: Workplace counseling and testing

At any SADTU event taking place, union members will have the opportunity to access VCT. VCT will be conducted using the national protocol for testing. Community health care workers will be trained to conduct VCT, and make appropriate referrals to treatment, care and support services. In order to ensure that referrals are made, SADTU has established partnerships with health facilities in each of the districts/regions where SADTU activities will take place.

Activity 3: AIDS Ambassadors

The SADTU project subscribes to the “greater involvement of people with AIDS” principle. As a result the project supports people living with HIV to engage in project planning of union events and the participation in HIV testing campaigns. These AIDS Ambassadors have a great impact on union events, including on workshops aimed at encouraging union members to participate in VCT.

The SADTU project contributes to the PEPFAR 2-7-10 goals and objectives by encouraging educators and union members to participate in VCT activities being conducted at union events. This ensures that more union members are aware of their HIV status early, and can be referred to treatment, care and support services timely.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	36	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	17	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	3,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	9630.08	**Mechanism:**	N/A
Prime Partner:	Catholic Medical Mission Board	**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:	22317.08	**Planned Funds:**	$500,000
Activity System ID:	22317		

Activity Narrative: Summary:
The Catholic Medical Mission Board, Inc. (CMMB) is a new PEPFAR partner selected for funding in August 2008 (but not yet funded – the CDC is currently processing the paperwork to award a cooperative agreement).

Background:
CMMB is a consortium member of the Track 1 Catholic Relief Services (CRS) AidsRelief program, providing HIV care and treatment. The program selected for funding through the 2008 APS is distinct from the CRS program.

CMMB will implement a community-based men's counseling and testing (CT) program named Men Taking Action, modeled after a similar program introduced and scaled-up by CMMB with support from PEPFAR in Zambia, and builds upon the organization's history of collaborations with the Southern Africa Catholic Bishops' Conference (SACBC) and other local Catholic organizations. The program is proposed in response to the shortcomings of current testing approaches to capture and engage men and directly addresses the APS counseling and testing priority areas of instituting alternative family-focused testing methods and utilizing home-based CT.

Activities and Expected Results:
The objective of Men Taking Action is to increase the number of adult men (18-49) counseled and tested through community-based approaches that increase acceptability and access, with focus on men in rural, underserved areas. The program uses a two-pronged approach to counseling and testing men:

Activity 1: Utilize home-based care networks of CMMB's diocesan partners to reach male family members, counsel and test men at their homes. CMMB will strengthen the training of the home-based care workers assigned to the home to carry out CT with the men.

Activity 2: Perform Parish-based testing and counseling of men incorporating and make available counseling and testing to men during their regular meeting and programs. The parish and church group pre-testing events will be carried out by trained men educators, incorporating testing into health, men's responsibilities, and faith.

Both approaches utilize lay community workers who will be trained in administering rapid testing and counseling. At a secondary and related level, men will be invited to participate actively in a long-term program to engage them as (i) leaders of the household (linking families to care & prevention services), (ii) vehicles of their own health future (repeated counseling & testing and prevention behavior-change messages), and (iii) community leaders in the mitigation of HIV/AIDS. Because Men Taking Action is fundamentally a community-based activity, it is expected that testing men through this program will increase overall uptake of services for counseling and testing in families and communities.

Men Taking Action serves the PEPFAR counseling and testing goals through the following actions over five-year life of the project:

a) Offering community-based testing (pre-test counseling) and information to 200,911 men.
b) Training 637 community-based counselors (home-based care workers and nurses) to South Africa standards in HIV pre and post-test counseling and testing
c) Testing and counseling 125,661 men, and providing them with key male-focused messages
d) All men who test positive will be referred to treatment and support as well as screened for TB; also, all men reached by the program will be linked into integrated community support groups.

The program will be implemented over five years, with the first year (FY 2008 funding) rolled out in the Eastern Cape Province, and expanded in FY 2009 to KwaZulu-Natal, Limpopo, and Northern Cape.

Men Taking Action will utilize and train lay counselors on using oral rapid testing throughout its partners, with the exception of where government partnerships will direct the program otherwise (such as in the Eastern Cape, where CMMB has entered into a partnership to utilize finger-prick testing and use retired nurses in the first year). The Men Taking Action program has been built with gender-based approaches and mechanisms to target rural areas specifically at the core of its objectives and implementation mechanisms. The program will include a "knowledge, attitudes and practices survey" (KAP) of men in target communities at baseline, mid-term and the final year of the program. CMMB will utilize findings of the KAP to develop curricula for home-based care testing staff, support group leadership and participants in the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	42	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,840	False

Target Populations

General population

Adults (25 and over)

Men

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9232.08 **Mechanism:** N/A

Prime Partner: International Organization for Migration **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21176.08

Planned Funds: $450,000

Activity System ID: 21176

Activity Narrative: BACKGROUND

The overall objective of the Ripfumelo project is to reduce HIV vulnerability of farm workers in various districts of South Africa by implementing a coordinated, evidenced-based and focused HIV and AIDS prevention and care program. Building on experiences and lessons learnt from IOM pilot projects in the southern Africa, the Ripfumelo project aims to provide sustainable prevention and care services to farm workers by building the technical capacity of local implementing partners (IPs); strengthening partnerships among and with local, provincial, and national governmental agencies; promoting public/private partnerships; and developing a network of stakeholders working specifically on HIV-related issues within the commercial agriculture sector.

The overall anticipated results of the project are a reduction in the HIV incidence in the targeted areas, and a mitigation of the impact of AIDS on farm workers and their families and communities. The project will build particularly on experiences and lessons learned from the ongoing IOM prevention and care project which has been implemented in Hoedspruit, Mopani District, Limpopo Province since 2005. The Ripfumelo project will strengthen the existing intervention in Hoedspruit and target additional seasonal, temporary, and permanent farm workers, whether South African or foreign, documented or undocumented, in the commercial agricultural areas of Hectorspruit/Malelane (Lowveld, Mpumalanga), Makhado/Musina (Vhembe, Limpopo), and Tzaneen (Mopani, Limpopo). The project will initially target approximately 20,000 farm workers on about 120 commercial farms.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21174, 21175

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21174	21174.08	9232	9232.08		International Organization for Migration	$800,000
21175	21175.08	9232	9232.08		International Organization for Migration	$450,000

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,000	False

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	4094.08	**Mechanism:**	N/A
Prime Partner:	Research Triangle Institute	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	21158.08	**Planned Funds:**	$242,500
Activity System ID:	21158		

Activity Narrative: SUMMARY:

The goal of this project is to improve and expand the counseling and testing services provided to victims of rape and sexual violence by upgrading and expanding a network of Thuthuzela Care Centers (TCCs) nationwide. These multi-disciplinary centers provide comprehensive services to women and children rape or assault survivors, including post-exposure prophylaxis (PEP), HIV and AIDS counseling and testing, and referral to HIV care and treatment services. These centers also assist girls and boys who are increasingly becoming victims or perpetrators of rape. The major emphasis area is training and network/linkages/referral with minor emphasis areas on commodity procurement, linkages with other sectors and initiatives, and local organizational capacity development. Target populations will include infants, girls, boys, men, women, doctors, nurses and pharmacist as well as the TCC core team. Commodities to be procured include rape kits, medical equipment, and comfort kits.

BACKGROUND:

This project is a continuation of work supported through PEPFAR funds in FY 2006 and FY 2007. These funds were used to evaluate and upgrade existing TCCs in keeping with the National Department of Health's (NDOH) National Management Guidelines for the Care of Rape Victims. In FY 2008, this project will focus on maintaining established TCCs and on opening new ones in provinces where they do not currently exist or in other locations where need is identified. This activity is linked to the USAID Governing Justly and Democratically (GJD) office's program that supports the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA) of the Department of Justice and Constitutional Development (DoJCD) in its endeavor to eradicate all forms of gender-based and sexual violence against women and children, especially the crime of rape. The DoJCD/NPA/SOCA Unit has responded to the ongoing problem of sexual offences, and specifically rape, by seeking to upgrade and expand the TCC network from 10 to 80 TCCs nationwide. The TCCs are a bold approach to rape prevention, care and treatment for victims of sexual violence and assault involving the health, justice, and civil society sectors in this endeavor. This project will advance the Women's Justice and Empowerment Presidential Initiative (WJEI) which seeks to upgrade or establish at least 30 TCCs to help the SAG achieve its goal of 80 TCCs nationwide. Victims of rape benefit from TCC assistance because the survivor can obtain all of the required services needed at a single location. These services include medical assistance, access to justice through with the local police and prosecutors, and access to counselors, testing, and emergency support services. Most TCCs are located in hospitals or near healthcare facilities where there is a growing recognition of the links between violence against women or children and HIV. The risk of HIV infection is a very real possibility with rape. Perpetrators seldom use condoms, placing the vast majority of women and children who are victims of this crime at risk.

The TCC Model: The TCC has developed a specific model aimed at protecting rape victims. When rape victims arrive at the police station, they are removed from the crowds to a quiet room where the police officer can take a statement. Thereafter, victims are transported to the nearest TCC where they are welcomed by a site coordinator. A dedicated nurse or doctor is summoned to conduct the forensic medical exam. The Victim Assistance Officer (VAO) and the doctor or nurse on duty explain the procedures and help the victim understand why consent forms must be signed. The police detective on call is summoned and assigned to the case. Case managers are responsible for coordinating sexual offence cases and assist the victim to understand what information the police investigator needs to investigate the crime. If the victim decides to pursue charges, the case manager opens a file and tracks the status of the victim's case. The victim is then referred to a local non-governmental or community-based organization for follow-on care and treatment services and support, as appropriate, throughout the legal process. However, an audit conducted by Research Triangle Institute (RTI) using FY 2006 PEPFAR funds found that the ten of the existing TCCs are not 100% compliant with this model (the highest score was 87.5% compliance). Consequently, FY 2008 funds will be used to upgrade current TCCs as well as making new ones operational and compliant with the model.

Activity 1: Strengthening Counseling and Testing Services in the TCCs

Using FY 2008 PEPFAR funds, a partner TBD will continue to support DOJCD/NPA/SOCAâ€™s efforts to improve the quality of counselling and testing (CT) provided to victims of rape and sexual assault. The emphasis is on women and children rape victims. The TCCs will offer CT services to victims as part of an integrated package of assistance provided by the TCC Core Team, which includes medical officers (doctors, nurses and pharmacists), a Victim Assistance Officer (VOA) and a Site Coordinator who will be trained on how to provide CT services as part of a multidisciplinary team. This activity will provide victims of rape or sexual assault with access to HIV prevention and care services including elements of the preventive care package, on-site psychosocial support, and stigma reduction strategies for PLHIV. This includes counseling and referring for HIV testing services, disclosure support, basic screening for pain and HIV-related conditions such as opportunistic infections, HIV prevention messaging and access to condoms, referrals for the clinical monitoring and care that includes antiretroviral treatment, opportunistic infection prevention and treatment (including cotrimoxazole prophylaxis), TB care, nutritional care and appropriate child survival and child care interventions. Rape victims who test positive for HIV will be given appropriate counseling and will be referred to the nearest government treatment site for further counseling, care, and antiretroviral treatment when necessary. Strategies to reduce stigma directed towards PLHIV will be integrated in partnership with the TCC VOA. Outcomes include improved access to HIV and AIDS care, counseling and testing as well as stigma reduction and strategies to prevent the further spread of the disease.

This project will be sustainable beyond the provision of PEPFAR funds, as the government will continue to support the TCC system and incorporate operating funds for the TCCs system in the national budget. This project will assist PEPFAR to meet its goal of providing CT to 10 million HIV-infected individuals and their families.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13946, 13947

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13946	6545.08	6664	4094.08		Research Triangle Institute	$388,000
13947	6547.08	6664	4094.08		Research Triangle Institute	$1,455,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	3,600	False
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	9	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	54	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,650	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9227.08

Mechanism: N/A

Prime Partner: AgriAIDS

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 21169.08

Planned Funds: $159,684

Activity System ID: 21169

Activity Narrative: The purpose of AgriAids is to address the practical & manageable aspects of HIV/AIDS on farm level, both emerging farmers as well as commercial farmers: improving access to VCT, care – and treatment for farm workers through innovative new partnerships and existing health care facilities. AgriAids has built up an expanding network within the agricultural sector over the last 3 years, building up a "skills bank" and knowledge base on issues such as awareness, stigma, treatment, advocacy, etc. The rationale of AgriAids is to address the micro-level impact of HIV/AIDS on farm workers, which in turn will prevent the macro-level impacts from taking effect. AgriAids acts as the "spider in the web" which connects farms in need of services with supplying organisations. In this sense AgriAids will act as a "broker" between farms and service providers, using its existing network but also through identifying and setting up new partnerships.

In 2004, AgriAids came into life in order to address this regional problem: reducing the direct effects of HIV/AIDS on farm workers. This requires intervention on two levels (as explained in this proposal):
- Direct: facilitating rapid access to information, VCT, medical care – and ART for farm workers
- Indirect: lobbying the commercial agricultural sector to start viewing HIV/AIDS as an "occupational health threat" and encourage CSR spending on care – an treatment programmes on farm level

A great deal of interaction is also called for with Government (notably Dept of Health & Agriculture), since the plight of the farm worker is not high enough on the policy agenda.

The key strategy of AgriAids is to identify relevant medical service providers which can be linked to farms in need. AgriAids will act as a "broker" between farms and service providers, using its existing network but also through identifying and setting up new partnerships. This will result in an increase of farm workers accessing VCT, care – and treatment. This approach has proven its viability recently: AgriAids partnered with FPD since 2007 and several farm workers in the Brits area (North West) is now enrolled in the project and the demand is already growing from other farms. FPD will be a key partner, since they support a large number of public ART sites. AgriAids will therefore support the SA Government's National Strategic HIV/AIDS plan, since it will create a demand for ART services in rural areas, but also facilitate access on behalf of those who have traditionally been "sidestepped" by the healthcare system.

Some key outcomes of this project will be:
? Increase in farm workers accessing IEC campaigns on HIV/AIDS
? Increase in farm owners implementing HIV/Aids workplace policies, prevention and management plans on farms
? Increase in health-seeking behaviour of farm workers
? Increase in NGO's making farm workers target groups
? Increase intervention from Dept of Health & Agriculture to mitigate the impact of the disease
? Increase in condom distribution and usage on farms
? Increase in female condom distribution and usage on farms
? Decrease in multiple concurrent sexual partners on farms
? Decrease in new infections
? Increase in number of farm workers/managers/owners doing VCT, starting ART and receiving care & support
? Increase in organisations (public, private, NGO's, commercial, etc) adopting a common strategy, with specific focus on Dept of Agriculture
? Creation of a replicable model for decentralized rural healthcare in a workplace setting

These indicators point towards the fact that the project activities will look at HIV/AIDS holistically, and that activities will include workplace interventions, gender training, AIDS awareness, VCT, care – and ART.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,600	False

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7279.08
Mechanism: N/A
Prime Partner: African Medical and Research Foundation
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: 19509.08
Planned Funds: $522,000
Activity System ID: 19509

Activity Narrative: SUMMARY:

African Medical Research Foundation (AMREF) will employ three key strategies: 1) Implement social marketing and stigma reduction strategies; 2) Health system strengthening (training and mentoring including sub-granting and support); and 3) Community partnerships. The project will tap into previously developed and tested AMREF training curricula, partnerships with government and community counseling and testing (CT) providers. The project will expand CT coverage by both improving and ensuring quality, accessibility, appropriateness and convenience of services and developing targeted social marketing campaigns to improve CT uptake.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: NGO VCT Assessment

AMREF will map NGO VCT sites surrounding selected facilities; assess the service in terms of confidentiality practices, compliance with quality assurance methods for rapid testing, accessibility, quality, utilization of VCT services, data management; and client awareness/perceptions of local communities of VCT services and facilities. AMREF will assess clients' referral sources, perceptions, opening hours of and waiting times at the VCT service; application of existing policies and guidelines on VCT related services; and audit the structural conditions of VCT facilities. AMREF will assess the extent to which TB staff from health facilities are testing TB patients for HIV and monitoring the CD4 count of TB patients. With the aim of expanding access to VCT services, AMREF will review the relationship between NGOs offering (or seeking to offer) VCT and the Department of Health, specifically to understand the role that NGOs can play in expansion of VCT services.

ACTIVITY 2: Social Marketing and Stigma Reduction

Key activities include: 1) Desktop review of VCT social marketing activities (Government, CBOs, etc); consultation at all levels (national to district); assessment of knowledge, attitudes and perceptions (KAP) about HIV/AIDS and VCT within local targeted communities; 2) Design and develop information, education, and communication materials; (3) Build capacity of local stakeholders in order to fight stigma; 4) Social marketing campaign and facilitation of access to wider sources of care and support for people living with HIV; and 5) Conduct monitoring and evaluation (M&E) and documentation of best practices.

ACTIVITY 3. Health Systems Strengthening

Activities will focus on building the capacity of VCT services through training and mentoring to improve quality, confidentially, equity, access and demand for services and strengthen coordination between VCT and TB services. The program will also strengthen the capacity of health service staff at VCT and TB clinics to monitor and evaluate and keep accurate records of patients and services.

AMREF will train and mentor 30 VCT staff at selected VCT centers in HIV counseling and testing according to national and/or international standards; support TB and HIV linkages, TB symptoms and referral to TB testing; improve VCT service management and mentoring for clinic staff. To strengthen quality assurance AMREF will train 60 mentors in mentoring and coaching VCT staff and will develop a mentoring system to ensure that VCT testing staff are mobilising and referring. AMREF will strengthen the district health information systems (DHIS) and improve providers' ability to collect and analyze data, document results, and use data effectively in health service planning and management. AMREF will train 60 government HIV/AIDS STI and TB (HAST) committee members in M&E for comprehensive care.

AMREF will train 30 CBO carers, managers and nurses in ARV literacy; strengthen and support HAST committees to encourage networking and collaborative service provision between TB and HIV/AIDS services; mobilise and motivate TB patients for HIV testing and vice versa. AMREF will develop a referral system, tools and guidelines for health professionals, local NGOs/CBOS, primary health care and community service providers, in collaboration with VCT and TB nurses; and will monitor the implementation of the referral system.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	75	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	30	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	8709.08	**Mechanism:**	N/A
Prime Partner:	Montefiore Hospital	**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:	19512.08	**Planned Funds:**	$522,000
Activity System ID:	19512		

Activity Narrative: The Montefiore Medical Center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics and STI clinics to more routinely provide CT using the ACTS model. ACTS (Assess, Consent, Test and Support) is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT).

BACKGROUND:

Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV and AIDS in South Africa. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services but are not offered HIV counseling and testing (CT). By reducing pre-test counseling sessions to five minutes or less, ACTS allows nurses to incorporate CT into the other clinical services they provide, such as sexually transmitted infection (STI) care and family planning and promotes immediate follow-up and linkage to care. This frees up lay counselors via task shifting to provide more intensive counseling and support services to HIV-infected youth.

ACTIVITIES AND EXPECTED RESULTS:

Using ACTS, this program will focus initially on maximizing CT services in high-prevalence youth clinics, starting with STI clients and expanding to family planning clients. TB screening will also be introduced. The ACTS program will then broaden its activities to other health care facilities and community organizations. The ACTS team will engage each new site, develop an implementation and monitoring plan and train all relevant health care providers in CT, collect PEPFAR indicators, provide quality assurance monitoring and initial HIV care. During the five year cooperative agreement, this model will be continuously refined and successively implemented in high prevalence communities and sites throughout South Africa starting in the Western Cape and Mpumalanga.

In FY20 08, the team will continue to refine the ACTS services in two youth clinics in Khayelitsha . A monitoring and evaluation plan will be developed that includes PEPFAR indicators. A quality assurance plan will evaluate linkage to care among newly diagnosed HI-infected youth. A Project Director will be hired and trained and locations in Mpumalanga or other Province will be chosen as well as additional clinical and community sites in the Western Cape. The goal is for this partner to test 20,000 youth for HIV and link them to prevention, link 2000-4000 HIV-infected youth to improved care, screen at least 100 youth for TB,

train 180 nurses, lay counselors and peer educators to implement the ACTS CT protocol, and establish 15 new CT outlets. The integration of local staff and partners in the operation and monitoring of this program to scale-up routine testing will ensure local ownership and sustainability.

These activities will contribute towards meeting PEPFAR's 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	15	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	180	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8710.08

Mechanism: N/A

Prime Partner: Academy for Educational Development

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: 19513.08

Planned Funds: $522,000

Activity System ID: 19513

Activity Narrative: SUMMARY:

The Academy for Educational Development (AED) in partnership with South African Council on Alcoholism and Drug Dependence (SANCA) and Lifeline along with a host of collaborators, seek to build on its success under the community voluntary counseling and testing program previous funded by PEPFAR. AED will collaborate with some of the same organizations and networks providing a mix of training along with several strategic testing events seeking to capture clients who may visit service outlets. The program will be implemented in four provinces.

BACKGROUND:

AED proposes to build upon a previous program to expand counseling and testing (CT) in South Africa that was funded by PEPFAR until FY 2006.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Outreach and HIV testing

This activity will be implemented through enhancing current CT sites and creating selected new sites, especially in organizations with proven outreach to at-risk and underserved populations. AED will work with Lifeline and align its activities with the its workplace prevention program to hold testing days at selected worksites. AED will also support linkages to SANCA' s home visiting counselors with CT counselors to support family testing. SANCA clients who have alcohol and drug dependency problem will all be offered HIV testing by their counselors and this will be extended to their family members.

AED will hold testing events at locations frequented by youth and adolescents. Prior these events AED will conduct community campaigns targeting youth and adolescents.

Activity 2: Training

AED will train staff from SANCA who work with high risk populations on HIV counseling and testing. Refresher courses will be held for all other counselors. Counselors will be trained on couple HIV counseling and testing.

All of the above activities will contribute towards meeting PEPFAR's 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	38	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	120	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	9634.08	**Mechanism:**	N/A
Prime Partner:	American Center for International Labor Solidarity	**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:	22493.08	**Planned Funds:**	$200,000
Activity System ID:	22493		

Activity Narrative: The Solidarity Center, in cooperation with a consortium of partners, proposes to implement a five-year HIV prevention initiative in South Africa called “Be Faithful, Be Tested, Be Union.” The Solidarity Center’s project partners are Engender Health and four of South Africa’s largest and most influential unions. These unions are the National Union of Metalworkers of South Africa (NUMSA), the Police and Prisons Civil Rights Union (POPCRU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), and the Congress of South African Trade Unions–Western Cape (COSATU-Western Cape). Over five years, activities will be implemented in five provinces—Gauteng, Limpopo, and KwaZulu-Natal, Western Cape and Eastern Cape.
This project focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities. The project will assist four large and influential South African unions, and the workplaces and communities in which their members labor and live, to achieve wide-reaching HIV prevention outcomes.
The project will address four critical HIV-related areas: counseling and testing, gender norm transformation, workplace policy development and implementation, and increased institutional HIV-related capacity through targeted technical assistance.
The main objective of this activity is to prevent HIV transmission through safe and healthy sexual behavior in HIV-infected and uninfected individuals by expanding counseling and testing (CT) within and through worksites and worker participation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	15	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9691.08

Mechanism: N/A

Prime Partner: Lifeline Mafikeng

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: 22494.08

Planned Funds: $250,000

Activity System ID: 22494

Activity Narrative: Summary of Proposed Activities:

LifeLine North West Mafikeng Centre seeks to implement a mobile HIV counseling & testing unit, in the Central and Bophirima districts of the North West Province, building on the experience of our Rustenburg affiliate that operates in the Bojanala District of the North West Province. LifeLine Rustenburg is currently funded by PEPFAR (2007) to implement the mobile VCT service in the Bojanala District.

The project addresses U.S.Government's HIV/AIDS objectives in South Africa by:

1) Improving access to and providing HIV counseling & testing services, 2) Implementing HIV prevention activities by promoting the ABCs of prevention, abstinence, being faithful, sexual behavioral change within the context of cultural norms, and correct and consistent male or female condom use, and 3) Improving the quality of life of those infected and affected by HIV & AIDS..

Geographic Reach: Central & Bophirima Districts

The administration and management of the project is based at the LifeLine centre in Mafikeng while the mobile units will service ten identified sites in the Central and Bophirima Districts, five in each Districts.Bophirima is rural while Central is a mixture of urban and rural communities, 20% of the provincial population (3.8M) reside in Central while 18% live in Bophirima however, Bophirima is the largest district and the population is very dispersed.

Target Populations

The identified sites will be locations which are not adequately served by clinics and in which high barriers to individuals' learning their HIV status remain. The sites identified are villages and farming communities that are far from clinics and/or are generally serviced by mobile clinics intermittently. Population will everyone, however more specifically farm workers, youth and the overall rural population.

Proposed Contribution to the HIV and AIDS and STI Strategic Plan for South Africa (2007 -2011) and Operational Plan for Comprehensive HIV and AIDS Care, Treatment and Management for South Africa

The project contributes the strategic and operational plans through promotion of ; HIV Counseling and Testing; care and support for HIV infected individuals and their families.

The project activities fall into three categories that are strongly interconnected in their implementation and objectives. Firstly, a wide array of HIV prevention & marketing activities are designed to increase the uptake of services, disseminate factual, comprehensive information on HIV&AIDS, and encourage behavior that prevents HIV transmission. Secondly, the work of the mobile unit includes conducting HIV testing & counseling at designated identified sites in the two districts, five per district. Lastly, LifeLine activities involve intensive human & organizational capacity development, both within LifeLine and through activities with six CBOs/FBOs with an additional two to be added in the second year.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of service outlets providing counseling and testing	N/A	True
Indirect number of individuals who received counseling and testing	N/A	True
Indirect number of individuals trained in counseling and testing	N/A	True
Number of clients receiving a referral for post test care and support services	N/A	True
Number of clients screened for TB	N/A	True
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	6,000	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	11	False

Coverage Areas

North-West

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: $42,986,329

Percent of Total Funding Planned for Drug Procurement	68.8%
Amount of Funding Planned for Pediatric AIDS	$2,865,137
Estimated PEPFAR contribution in dollars	$2,910,000
Estimated local PPP contribution in dollars	$867,227

Program Area Context:

South Africa's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (Comprehensive Plan), approved by the South African Cabinet in November 2003, guides the rollout of HIV and AIDS care and treatment throughout the public sector in South Africa. The South African Government (SAG) has taken bold leadership in the introduction of antiretroviral treatment (ART) through a five-year phased nationwide equitable rollout program. The goals of this plan are reiterated in the new South African HIV and AIDS and STI National Strategic Plan, 2007-2011 (NSP). The Department of Health has allocated approximately US$272 million to the implementation of the Comprehensive Plan, mainly through conditional grants to the nine provinces. This US$272 million is for the entire package of services, including counseling and testing, palliative care, prevention, prevention of mother-to-child HIV transmission, ARV drugs, laboratory services, consultations, staffing, community outreach, and all related HIV and AIDS services related support. According to the NSP, the total financial need for funding for ART alone in 2008 is US$453 million. The USG is thus ideally positioned to support the implementation of the NSP. The FY 2008 USG budget to support ART in South Africa is US$262 million.

The USG ensures that all local policies, guidelines and processes are adhered to, including the SAG requirement of accreditation for facilities to provide ART services through a formal SAG process. The SAG has established standard treatment guidelines and protocols, and uses an extensive process to review and register ARV drugs through the Medicines Control Council (MCC), which includes several generic ARV drugs. Due to these stringent controls, parallel importation is not within the SAG policy.

Currently, of the 51 generic ARV drug formulations that have been approved by the FDA and can be purchased with PEPFAR funding, there are only nineteen that are also registered by the MCC and can be purchased in South Africa with PEPFAR funding – eleven of which are first line drugs (as per the SAG national guidelines). However, as most of the treatment partners work in public health facilities, drugs are provided by the SAG, and not purchased with PEPFAR funding, allowing resources to be directed to other important treatment-related activities such as training, community mobilization, and human capacity development. Since there are a limited number of PEPFAR partners that procure ARV drugs, most individual partner budgets are not negatively impacted by the availability of generic drugs that can be purchased. In addition, many PEPFAR treatment partners access branded drugs through access pricing mechanisms, resulting in further savings.

Outside of the public sector, PEPFAR funding supports NGO partners to expand treatment to specific target groups, including people with TB, men, and people in workplace settings. Another important focus extends ARV treatment through general practitioners at community clinic sites, especially in rural communities, increasing access beyond the current SAG accredited rollout sites. The USG has also developed innovative partnerships with the private sector to provide ART. Some of the private sector partnerships also include public-private partnerships between industry and the South African government. Some of these NGO and private partners either obtain (at no cost) or procure their drugs through provincial health departments.

In FY 2008, there will be an emphasis on creating capacity at the primary healthcare level to initiate and manage patients on ART. This would also require the strengthening of drug distribution and storage systems at this level.

South Africa has a strong private pharmaceutical industry. The USG in South Africa does not manage the procurement of drugs and commodities centrally; these arrangements are made directly by PEPFAR treatment partners. Those PEPFAR partners that do purchase ARV drugs obtain them through monthly procurements from reliable private pharmaceutical distributors. Drugs are pre-packaged individually for each patient and delivered to the relevant site. Emergency deliveries can be made in 24 hours. Some of the treatment partners may utilize the Partnership for Supply Chain Management (PFSCM) in FY 2008 to streamline procurement and distribution.

In addition to supporting implementing partners, the USG supports the ARV rollout by strengthening drug distribution and monitoring systems through logistics management, patient information, drug supply and training. The National Department of Health awards centralized tenders for all ARV drugs procured by provinces. There were no reported stock-outs of antiretroviral drugs in FY 2007, though there were distribution problems due to a month-long public sector strike, which included the public health sector. Despite this, the SAG's emphasis on strengthening key delivery systems (with PEPFAR assistance) continues to improve distribution systems and overall effective drug management capacity. If stock-outs were to occur in PEPFAR programs in FY 2008 that obtain drugs through the SAG, private sector pharmaceutical suppliers are positioned and ready to provide the necessary back-up supplies.

The first-line regimen for ART in South Africa is stavudine (d4T), lamivudine (3TC) and either efavirenz or nevirapine. Most patients are still on the first-line regimen. Switches are mainly due to side-effects, adverse reactions, and sub-optimal regimens used in the private sector prior to the national treatment guidelines. Stavudine accounts for the highest number of adverse reactions to ART, mainly lactic acidosis. The international evidence that shows the efficacy of alternatives to stavudine is monitored by the USG. Some PEPFAR partners are assisting the SAG in the review of guidelines, and thus it is expected that in FY 2008 the first-line regimen may change.

The USG also provides critical on-site assistance through its partners at public sector facilities aimed at strengthening and improving the quality of logistics, recording, and ordering systems to ensure proper management of drugs and other commodities required for treatment. These activities will continue and expand in FY 2008.

The achievements and targets for ART are found in the ARV Services section of the COP.

There are no other donors that provide service delivery support for the provision of antiretroviral treatment, though DFID/United Kingdom provides support to the SAG in strengthening drug delivery systems. The USG and DFID/United Kingdom are collaborating to ensure there is no duplication of effort. The Global Fund supports ARV treatment in the Western Cape and KwaZulu-Natal provinces, and one Emergency Plan partner, CAPRISA, receives Global Fund support for the purchase of ARV drugs.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	8711.08	**Mechanism:**	N/A
Prime Partner:	Tshepang Trust	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	19520.08	**Planned Funds:**	$1,105,000
Activity System ID:	19520		

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities are linked to others described in Counseling and Testing, and ARV Services. This is a follow-on activity to the American Center for International Labor Solidarity.

SUMMARY:

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity to treat South African educators and their spouses and dependents through the Prevention, Care and Treatment Access Program. This activity as part of the COP between PEPFAR and Tshepang has been expanded to include individuals in the SMME and Healthcare Sector. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive testing, care and treatment services in a workplace setting. The HIV and AIDS TREATMENT activity includes, doctor consultations, ARVs, related medications e.g. for minor opportunistic infections for a 1,000 patients.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Lastly, Tshepang will continue to provide services to educators who received services under the Solidarity Center program which is ending in December 2007. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private general practitioners in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is national. The emphasis area for this workplace activity is development of networks, linkages, referral systems. The target population for this initiative is men and women of reproductive age working in SMEs, healthcare and education sectors, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector. The major emphasis area for this activity will be commodity procurement as is ARVs and medication for minor opportunistic infections and side effects, with minor emphasis placed on development of network/linkages/referral systems.

ACTIVITIES AND EXPECTED RESULTS:

Through a public-private partnership among workplaces, NGOs and government, participating workplace programs will employ the services of doctors to provide antiretroviral therapy (ART) to workers who qualify for treatment. The doctors will be trained in HIV and AIDS clinical management and will have experience in drug purchasing, ART and PMTCT treatment and surveillance. The doctors will perform a clinical examination and staging, including taking blood for CD4 testing. A viral load test will be done before the start of treatment. An adherence counselor will be assigned to each patient and will be responsible for the continued home-based support and monitoring of the patient's condition. The counselor will also liaise with the doctor. The treatment services will utilize South African Department of Health standards and guidelines. All patients will receive their drugs from the doctors' offices. The doctor will ensure that the delivery system keeps stock of and is able to deliver antiretroviral therapy medications to any physical address. Special care will be taken to ensure that patient confidentiality is not compromised.

By providing comprehensive ARV services, including patient eligibility testing and drug procurement, workplace HIV prevention programs will provide HIV-infected workers in small and medium enterprises in the health and education sector with care and treatment.

These activities will directly contribute to the PEPFAR goal of providing comprehensive HIV and AIDS care to ten million people and ARV treatment to two million people. These activities will also support the care and treatment objectives laid out in the USG Five-Year Plan for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	7861.08	**Mechanism:**	N/A
Prime Partner:	South Africa National Defense Force, Military Health Service	**USG Agency:**	HHS/National Institutes of Health
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	17721.08	**Planned Funds:**	$1,000,000
Activity System ID:	17721		

Activity Narrative: SUMMARY:

This activity will support antiretroviral (ARV) drug procurement for approximately 1325 South African National Defense Force (SANDF) personnel and family members that were previously receiving ARVs via a collaborative clinical trial with the SANDF, HHS/NIH/NIAID, and US DoD. The clinical trial with approximately 1200 participants currently on therapy was initiated in 2004 and will be terminated in early 2008. This PEPFAR funding will ensure continued ARV therapy for these individuals as they are transitioned from the clinical trial to HIV treatment and care still provided through Phidisa clinics and service delivery personnel. There will also be continued accruement of an estimated additional 475 patients on ART in these clinical care programs, as they are identified from a natural history cohort. This is a very high priority for the SANDF and the South African Military Health Service (SAMHS) and all ART will be prescribed and managed according to South African Government national guidelines.

PEPFAR funds allocated to ARV Drugs under this activity will be used by HHS/NIH/NIAID to procure and distribute ARV drugs to the six existing SAMHS clinical sites to continue coverage for 1200 patients. The ARVs will be purchased using a fully-functional, effective, existing infrastructure and logistics strategy set up by NIAID via a contractor, Science Applications International Corporation (SAIC). This method of ARV drug procurement and supply chain management is strongly preferred by SAMHS. Under this system, the ARVs are delivered and stocked in the SAMHS depot and distributed to the six clinical sites, as requested by the site pharmacists based on stock levels and needs. The process is carefully monitored and has been effectively used for four years.

BACKGROUND:

Project Phidisa initiated Protocol II, a randomized clinical trial, in January 2004 at the request of the SANDF, with the support of the US Ambassador to South Africa, and the US DoD. In addition to answering scientific questions important to South Africa, including a comparison on efficacy and toxicity of South African MOH ART regimens, this protocol also helped SAMHS provide access to ARVs for SANDF personnel and their family members. Through Phidisa and the implementation of this protocol, capacity to deliver ART has been developed in all three military hospitals and three rural military sick bays. Approximately 1800 SANDF personnel and their family members have been randomized to one of four ART regimens over the past four years. Drug procurement procedures which were established by HHS/NIHNIAID and US DoD, via SAIC, have been well integrated into the six military base hospitals and clinics and are working effectively. It is the aim of this PEPFAR activity to maintain continuity of the ARV drug supply chain, which has been well integrated with the military clinical sites and which has been specifically requested by the SANDF/SAMHS, one of the key PEPFAR South African Government partners.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Procurement and delivery to ART

PEPFAR funds will be used to support treatment for 1200 SANDF personnel and family members living with HIV with continued accruement of patients at all six sites. This will be conducted within South African Government Guidelines, and through the appropriate leadership of the SAMHS. The Head of Pharmaceutical Services of the SAMHS in coordination with NIH, SAIC, and the Military Health Base Depot (MHBD) acquire and stock drugs at the MHBD, for secure distribution at the six clinical sites. The clinical pharmacist at each site is responsible for ensuring adequate supplies of ARVs at the site, including monitoring of expiration dates of the ARV stock. ARV orders are issued on SAMHS approved forms, which are forwarded to the SAMHS main ordering Pharmacy. These are automatically transmitted to the MHBD, and subsequently activated by the SAMHS pharmacy personnel. Documentation processes have been established to maintain records of ARV supply and demand.

These activities will contribute to the number of persons receiving treatment and care in the military, and support the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17720

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17720	17720.08	7861	7861.08		South Africa National Defense Force, Military Health Service	$2,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 8683.08 **Mechanism:** N/A

Prime Partner: South African Business Coalition on HIV and AIDS **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 19519.08

Planned Funds: $565,000

Activity System ID: 19519

Activity Narrative: SABCOHA, will have identified a treatment partner to assist in the implementation of the treatment component of the program.

The treatment component of this SABCOHA initiative will initially be implemented in at least three provinces namely: Gauteng, Mpumalanga and KwaZulu Natal. The SABCOHA Vendor Chain and BizAIDS counseling and testing (CT) programs will identify HIV-infected individuals will be referred into ARV treatment (ART) services. The major area of emphasis is commodity procurement. The minor areas of emphasis include Development of Network/Linkages/Referral Systems and Training. The primary target group for these activities are men and women of reproductive age who are employed in small, medium enterprises, truck drivers, factory workers.

The Vendor Chain and BizAIDS components of the existing SABCOHA program will begin a CT component that will identify HIV-positive individuals. These individuals will have access to Treatment/ARV Drug network.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Procuring and Supplying ARV Drugs
SABCOHA will be responsible for establishing systems to procure and supply ARV Drugs for its treatment sites and ensure that there are no drug stock-outs on any drugs despite global shortages in stavudine and lamivudine. PEPFAR funds will be used for the procurement and distribution of ARV drugs to HIV positive individuals who are unable to access government facilities by ensuring that they are provided via a network of trained general practitioners. A system will be set up where the ARV prescriptions are forwarded to a pharmacy, which handles all the procurement, logistical and pharmaceutical management, dispensing and distribution of ARVs for this project. The drugs will then be delivered to the treatment sites via an independent courier company on a weekly basis. Treatment sites receive batches of drugs for multiple patients with drugs labeled and dispensed on a patient-named basis. Drugs are then securely stored at the side and dispensed to the patient on a monthly basis. Where sites are able to harness the capacity of a pharmacist, direct procurement will be facilitated.

SABCOHA's activities in this program area directly contributing to the 2-7-10 goal of ensuring access to treatment for two million people. SABCOHA will support the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to ART services for this program's target audience, building capacity for ART service delivery and increasing the demand for an acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Northern Cape
North-West

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4616.08

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 19522.08

Planned Funds: $69,410

Activity System ID: 19522

Activity Narrative: SUMMARY:

CARE serves as an umbrella grant making mechanism for the Centers of Disease Control. CARE has been an umbrella grants mechanism since FY 2006. CARE's primary responsibility is for the financial oversight of the grant which includes review of the financial reports and on-site assessment of the supporting documentation. CARE does not provide programmatic level technical assistance to the sub-grantees. Technical assistance and programmatic over-site is provided by CDC activity managers. The specific activities that CARE is responsible are listed below. CARE will oversee the sub-grant to UKZN CAPRISA.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Contractual Responsibilities

CARE is responsible for the contractual arrangements of the sub-grants with CDC South Africa. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa to meet the PEPFAR goals. CARE will prepare all supplemental and continuation application, and ensure that progress reports are received by the sub-grantees. CDC activity managers will be responsible for the technical review of the sub-grantees; thus targets met by the sub-grantees for the PMTCT program will not be assigned to CARE.

ACTIVITY 2: Financial Oversight

CARE is responsible for the financial oversight of the sub-grants. This activity includes the review of financial reports submitted by the grantees on quarterly/6-monthly basis; and on-site assessment of the supporting documents to ensure compliance with the contract. These on-site assessments will be conducted on a 6-monthly basis. CARE will also ensure progress reports are received from the sub-grantees and approved by the activity managers of CDC South Africa on a quarterly/6-monthly basis prior to the disbursement of continuation funding.

Although these activities do not directly contribute to the overall PEPFAR goals and objectives, the Umbrella Grants Mechanism ensure that PEPFAR support can be given to small and medium-sized organizations, enabling them to facilitate the achievement of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7338.08

Mechanism: UGM

Prime Partner: Family Health International SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 16090.08

Planned Funds: $363,750

Activity System ID: 16090

Activity Narrative: SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale-up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID has been obligating funds through umbrella grants to partners and sub-partners in South Africa who are playing a valuable role in the response to HIV and AIDS, and particularly in the area of antiretroviral treatment services. Through this UGM, FHI is responsible for managing sub-grants to at least ten sub-partners (all of whom submit their own FY 2008 COP entries). FHI will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients who, in turn, carry out the assistance programs. Thus, FHI utilizes a small percentage of overall funds for administrative purposes, with the remainder used for technical assistance and management support.

The USG closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG departments at national and/or local (i.e. provincial and district) levels, the umbrella grant's primary interface with the SAG is through the Senior Management Team, which includes key staff from USAID, National Departments of Health and Social Development (NDOH, DOSD), and representatives from the provincial departments.

Under this UGM with FHI, it is possible that sub-partners will be providing ARV drugs for HIV-infected individuals. The final details of this is not available, as all of the new sub-partners have not yet been identified.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Grants Management

Under this UGM, FHI will award and administer grants to partners selected through the PEPFAR Annual Program Statement (APS) competitive process to implement HIV and AIDS activities, potentially including treatment activities. This may involve an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. As relevant, FHI will monitor antiretroviral drug provision program implementation and adherence to financial regulations. This can involve provision of technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Monitoring and Evaluation and Reporting

This umbrella mechanism also includes a provision for support to partners providing ARV drugs in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. Monitoring and evaluation support for ARV services partners include measurement of program progress, provision of feedback for accountability and quality, and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16087, 16088, 16089, 16091

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
16091	16091.08	7338	7338.08	UGM	Family Health International SA	$1,011,800

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4132.08 **Mechanism:** N/A

Prime Partner: Partnership for Supply Chain Management **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD **Program Area Code:** 10

Activity ID: 7935.08 **Planned Funds:** $0

Activity System ID: 14257

Activity Narrative: PEPFAR funds were allocated to the Supply Chain Management Systems (SCMS) Project to supporting PEPFAR partners in strengthening secure, reliable, cost-effective and sustainable supply chains that procure and deliver high quality antiretroviral drugs (ARVs) and related commodities to meet the care and treatment needs of people living with HIV. This activity will continue in FY 2008, but since SCMS funding is still available in the Working Capital Fund, this activity will now be a TBD SCMS. In this way, PEPFAR SA will be able to spend down the unspent FY 2007 SCMS funds first, and then allocate funding to SCMS as needed through the reprogramming process.

Therefore there is no need to fund this activity with FY 2008 COP funds at this time, but TBD SCMS funds may be used at a later date

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7935

Related Activity: 14259, 14260, 14258

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22886	7935.22886.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9816	4132.09		$0
7935	7935.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4480	4132.07	Supply Chain Management	$6,700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14260	14260.08	6756	4132.08		Partnership for Supply Chain Management	$0
14258	8107.08	6756	4132.08		Partnership for Supply Chain Management	$0

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 6155.08
Mechanism: UGM
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 12410.08
Planned Funds: $485,000
Activity System ID: 14255

Activity Narrative: SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale-up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

As an Umbrella Grants Management (UGM) partner, Pact supports institutional capacity building, technical assistance and grants administration for indigenous organizations that implement PEPFAR programs. Pact's primary goal is to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high quality services. Primary target audiences include non-governmental, faith-based, and private voluntary organizations, Pact's major emphasis is the enhancement of local sub-partner capacity through the development and implementation of documented organizational systems and procedures and human capacity development at management and operational levels.

BACKGROUND:

Since 2004, Pact has facilitated the efficient flow of grant funds during the rapid scale-up of the PEPFAR South Africa program. Pact provides PEPFAR funding and assistance to over 30 PEPFAR sub-partners in South Africa, all playing valuable roles in the fight against HIV and AIDS.

The sub-partners procure USG and South African Government (SAG) approved antiretroviral drugs (ARVs) through supply chain vendors and oversee their distribution to government treatment facilities and accredited private providers. Partners also work closely with providers to develop drug tracking and monitoring systems to facilitate correct and accurate patient uptake, treatment management, and referral. Additional services in support of ARV drug distribution include lab testing, adherence support, patient counseling, telemedicine and quality assurance monitoring. Partners also equip government clinics and hospitals with the human resources including doctors, nurses, pharmacists, and counselors. In addition, these programs provide specialized training addressing appropriate delivery of ART services and the provision of holistic HIV care. Pact has contributed to the 2-7-10 PEFPAR goals through support to 2 partners providing ARV drugs to over 1,000 HIV-infected, uninsured individuals in treatment sites throughout South Africa.

Partners work closely with and in the SAG provincial, municipal and district facilities to facilitate the seamless transfer of patients in and out of public and private networks of care. As a result, their programs continue to grow tremendously in both reach and complexity. This scale-up will require strong financial, monitoring and evaluation, and management systems to accommodate the growth in reach and maximize sustainability. With FY 2008 funding, Pact will continue to provide capacity-building support through training and mentoring to further develop and strengthen partner organizations. Pact will also facilitate the sharing of these systems between emerging and well-established partners and reinforce the use of data and reporting for decision making.

ACTIVITY 1: Grant Management

Pact conducts a participatory assessment of each partner organization and collaboratively develops an organizational capacity building strategy that details planned interventions. These assessment results also inform Pact of what type of assistance is urgently to ensure that the organizations comply with USAID rules and regulations (with emphasis on financial and procurement management).

Prior to the signing of grant agreements, Pact provides extensive assistance to organizations in developing comprehensive program design documents that accurately reflect planned activities and clearly articulate defined goals and objectives. Further assistance is provided in costing program activities and developing a detailed budget that is consistent with program objectives. Pact assists partners in developing realistic cost share levels and emphasizes the sustainability aspect of this requirement. After the signing of the agreement, Pact works with each partner in developing a very detailed annual work plan that includes specific activities to be implemented, timelines, budgeted amounts, target beneficiaries and projected reach. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of partner organizations to diversify their funding base and ensure sustainability.

ACTIVITY 2: Human Capacity and NGO Development

Pact has developed a customized training series to orient new partners and their sub-partners. The training series includes basic and advanced grants and sub-grant management which addresses USAID rules and regulations, good governance and minimum financial management standards. Monitoring and evaluation courses cover basic principles of monitoring and evaluation and PEPFAR data requirements as well as internal data quality assurance. Refresher courses are also offered throughout program implementation. Pact also ensures that ongoing, intensive onsite training and mentoring is provided to sub-partners. On a quarterly basis, Pact assesses the level and type of assistance required by each organization and develops a site visit plan that ensures that the necessary support is delivered to each sub-partner. Pact organizes and supports technical consultation meetings for the sharing of best practices and lessons learned among PEPFAR and non-PEPFAR partners. As required, technical assistance from select regional and international providers is sourced to assist partners in improving their technical capacity.

ACTIVITY 3: Monitoring and Evaluation

Pact SA assists each grantee in developing a results framework that tracks success against both PEPFAR program and organizational indicators. Pact further assists sub-partners in the development of monitoring, evaluation and reporting (MER) plans and systems. Participation in a five-day M&E training is mandatory for all partners prior to full implementation. Pact provides additional M&E assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting

Activity Narrative: realistic and achievable targets; establishing and strengthening data quality management systems, conducting internal data quality audits and verifying and validating sub-partner data submissions.

ACTIVITY 4: Program and Financial Monitoring

Pact recognizes the importance of monitoring sub-partner program progress and early identification and resolution of implementation issues. Pact has frequent and regular contact with sub-partners and if technical/programmatic gaps or problems are identified, ensures that issues are promptly addressed and resolved.

In addition to monitoring program progress, Pact closely monitors sub-partner financial management and ensures that grants funds are utilized only for activities approved under PEPFAR funding. All partners submit monthly financial reports that that detail and document expenditures. Pact finance staff visit partners every quarter to audit program expenses and accompanying documentation, compliance with USAID rules (including branding requirements) and cost share.

ACTIVITY 5: Technical Assistance

Pact will provide and manage direct technical assistance in prevention, care and support strategies for all sub-grantees. Pact technical staff will conduct assessments and provide consultation and training on the development and implementation of programs and services. In addition, sub-grantees will be supported with guidance and ongoing assistance on the design and delivery of partner HIV and AIDS curricula, training modules and publications. Pact will also work closely with partners to ensure the effective incorporation and strengthening of nutrition and food security, protection services, gender mainstreaming, and human capacity development in existing programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12410

Related Activity: 14252, 14253, 14254, 14256

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22883	12410.22883.09	U.S. Agency for International Development	Pact, Inc.	9815	6155.09	UGM	$470,889
12410	12410.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 588.08

Mechanism: Strengthening Pharmaceutical Systems

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3087.08

Planned Funds: $2,328,000

Activity System ID: 14004

Activity Narrative: SUMMARY:

With FY 2008 PEPFAR funds, Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) project will continue and expand activities already underway in South Africa to support the effective management of antiretroviral (ARV) medicines. SPS will continue to influence drug provision positively by improving estimation of needs for ARV, opportunistic infection (OI), and sexually transmitted infection (STI) drugs; implementing systems to support drug supply management activities and to monitor drug availability at the institution and district levels; and developing a highly skilled pool of pharmacy personnel to manage them. The objective is also to strengthen the use of Drug Supply Management Information for government facilities at all levels. The emphasis areas are human capacity development, and wraparound programs. Target populations include National AIDS Control Programme staff, other national and provincial Department of Health (DOH) staff, nurses, pharmacists and pharmacist assistants. Opportunities for collaboration with the Partnership for Supply Chain Management will be explored.

BACKGROUND:

Since FY 2004, RPM Plus has been working in close collaboration with the National Department of Health (NDOH) Pharmaceutical Policy and Planning unit, and provincial and local government pharmaceutical services to support the delivery of pharmaceutical services at all levels (national, provincial, district, and institutional). The following activities are a continuation of the activities initiated since FY 2004. Systems and models for drug supply management have been developed and tested. In FY 2008, SPS will continue the implementation of these systems on a larger scale and will monitor the impact on the delivery of antiretroviral treatment (ART) at accredited sites (including down referral and primary healthcare sites). These activities have received the full support of the NDOH Pharmaceutical Policy and Planning unit and the Provincial Pharmaceutical Services. The Department of Correctional Services has requested SPS support in strengthening the delivery of pharmacy services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Drug Supply Management Information System

RPM Plus developed an integrated, computerized drug supply management information system (RxSolution) to assist hospital, community health center and district level pharmacy personnel to manage drug supply activities from hospital bulk stores to the patients through satellite pharmacies (outpatient and inpatient), wards and down referral clinics. This supports the management of purchase orders, inventory, issues to clients (satellite pharmacies, wards, and primary healthcare (PHC) clinics), and budgets. It also supports the management of patient records, prescriptions and quantities dispensed directly to the patient or through down referral sites. Data links with electronic patient registers have been implemented. The RxSolution system is currently used in five provinces (Eastern Cape, Mpumalanga, Gauteng, North West and Free State) at government and local government sites. In the Eastern Cape alone, the existing sites have contributed to the treatment of 15,000 patients. RxSolution is used at hospitals to support the down-referral of patients to a primary healthcare institution, typically patients on chronic medication or stabilized ARV patients. The main objectives are to reduce the burden on the hospital and decrease the cost for the patient. Some of the ARV sites using RxSolution have shown great improvement in the management of their supplies for ART and non-ART medicines. As a result, more ART-accredited sites (hospitals, wellness centers) have requested to use this system. As SPS scales up, different approaches will be used to ensure adequate support and maintenance. In the Free State, the government has hired a pharmacist/IT manager to support RxSolution. SPS will develop an interface between RxSolution and the new provincial warehouse management system. This application is expected to be deployed to additional sites and other provinces. During FY 2007 SPS is expected to develop an interface between RxSolution and Therapy Edge, used by Right to Care, and pilot it at Right to Care (and other) ART sites. This activity is done in collaboration with the Supply Chain Management System (SCMS) Project. Additional joint sites will be identified during FY 2008. RxSolution is currently used in over 100 sites throughout South Africa, Swaziland and Lesotho with RPM Plus/SPS support.

The SPS system goes beyond ARV management. All medicines used at the facilities can be tracked, including drugs for TB and opportunistic infections, as well as any other type of commodity (medical supplies, lab reagents, etc.). The dispensing module of the system allows providers to monitor any lab test (and results) performed for any type of patient. It also allows tracking loss-to-follow-up, defaulters, etc. Lastly, the system is also able to monitor adherence to treatment. Treatment can be classified as first line and/or second line, and can be referenced by the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) as well. All this information should assist in monitoring the overall program and identifying any trends (including prescribed regimen vs. standard regimen). Overall the system can thus provide a mix of logistic (availability, consumption, expenditures) and clinical (treatment, treatment outcomes, use, and disease and prescribing patterns) data.

ACTIVITY 2: Support National/Provincial Quantification

SPS is constantly improving and developing new models to estimate and monitor drug needs using morbidity and consumption data. These models are specifically tailored to the South African National Standard Treatment Guidelines (STGs) for HIV and AIDS, STIs, OIs, other priority diseases and post-exposure prophylaxis (PEP). RPM Plus has trained provincial staff responsible for the submission of provincial estimates, provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ARVs and medicines used for the treatment of OIs and STIs at the institutional level (hospital, community health center and district). In FY 2008, training in quantifying ARV-related drug requirements will continue through national and provincial workshops. These workshops provide an opportunity to establish a national network to discuss and report consumption trends and issues, to maintain a dialogue with representatives from the pharmaceutical industry and to prepare reports for the National Comprehensive Care, Management and Treatment of HIV and AIDS forum. Training in quantification needs to be an ongoing function, especially in the public sector in South Africa where community service pharmacists are often in charge of the ARV pharmacy for their year of service, then leave the public sector for the private sector without plans for succession. The quantification models will be shared with the SCMS and joint training workshops will be conducted for PEPFAR partners.

Activity Narrative: ACTIVITY 3: Data for Decision Making

With FY 2008 PEPFAR funding, SPS will continue the training of pharmacy personnel in using their data for decision making to ensure that the increasing demand for medicines required for the care and treatment of HIV and AIDS and other related programs is met, and to monitor national drug supply management indicators. This also provides an opportunity to strengthen the working relationship between pharmacists and other program managers. Individuals from the Provincial Pharmaceutical Services and from the National Pharmaceutical Policy and Planning unit will be trained. SPS will assist provinces with the national reporting system. All the activities above will indirectly support all HIV-infected clients who will be receiving care and treatment at government ARV accredited sites through the improvement of the delivery of pharmaceutical services.

These activities support PEPFAR 2-7-10 goals as well as the vision outlined in South Africa's Five-Year Strategy by facilitating the national ARV rollout.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7558

Related Activity: 14002, 14003, 14005, 15413

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23106	3087.23106.09	U.S. Agency for International Development	Management Sciences for Health	9901	588.09	Strengthening Pharmaceutical Systems	$970,905
7558	3087.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	$1,000,000
3087	3087.06	U.S. Agency for International Development	Management Sciences for Health	2703	588.06	RPM Plus 1	$1,950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14002	7854.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$349,200
14003	7856.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$407,400
14005	3088.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 257.08 **Mechanism:** N/A

Prime Partner: Medical Research Council of South Africa

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 2954.08

Activity System ID: 14022

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: $1,164,000

Activity Narrative: SUMMARY:

The Medical Research Council (MRC) will support a comprehensive best-practice approach to integrated TB/HIV care that will improve access to HIV care (counseling and testing, care and treatment, screening, referral, pharmaceuticals) for TB patients. This activity will also promote TB screening (and eventual TB treatment as required) among patients attending HIV clinics, with particular reference to provision of antiretroviral drugs (ARVs) to TB patients meeting eligibility criteria according to the South Africa HIV treatment guidelines. Activities are focused in five provinces of South Africa. The major emphasis area is human capacity development and strategic information.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by the MRC with FY 2004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ARV site, and the development and implementation of a best-practice model in FY 2005. Preliminary results from the model site confirmed the benefits of an integrated TB/HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life of TB patients with HIV and prolonged survival. Results also confirm the safety and efficacy of dual regimens, showing that ART can safely be instituted within the first month of TB treatment.

Expansion of the best-practice approach to two additional sites in different geographical settings was started in FY 2006 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with departments of health (DOH), and the challenges posed by dual stigma. Activities in the existing sites will continue in FY 2008, with expansion to additional sites in remote rural settings where active TB screening among people living with HIV (PLHIV) will be implemented. These sites are characterized by extreme poverty, poor health infrastructure, cross border migration and limited health care access for patients. The challenges of novel solutions for treatment delivery in such settings will be specifically addressed, as will strengthening of systems for treatment adherence. Activities are implemented directly by MRC and by contracted sub-partners World Vision and the Foundation for Professional Development (a PEPFAR partner).

ACTIVITIES AND EXPECTED RESULTS:

Activities include commodity procurement, logistics, distribution, pharmaceutical management, and cost of ARV drugs to confirmed TB patients meeting South African government (SAG) ARV enrollment criteria. Provider-initiated HIV counseling and testing will be offered to all patients and those qualifying for ART identified as quickly as possible. Initiation of ART will be based on CD4 counts and on SAG policies. Patients (including children) with a CD4 count < 200 will be eligible for ARV initiation after one month of conventional TB treatment, while those with a CD4 count < 50 will be fast-tracked for immediate ART initiation based on clinical status.

ARV drugs will be procured according to projected estimates based on HIV prevalence and the estimated proportion of patients eligible for ART. As per the USG PEPFAR Task Team requirement, only generic drugs approved by the SA Medicines Control Council (MCC) and the US Food and Drug Administration (FDA) will be used.

Referral links to an accredited ART site will be established for each TB patient initiated on ARVs in the participating sites in order to allow seamless transition and ART access upon discharge. Sites that are not yet accredited for ART rollout will be assisted to acquire DOH accreditation, which will ensure the necessary continuity of care. Activities will be directed towards eliminating bottlenecks in ART provision (particularly human resource capacity), addressing weaknesses and limitations in down-referral systems, documenting and managing drug adverse effects, and monitoring of treatment adherence.

Integration of TB and HIV services will facilitate quick and seamless patient access to ARV drugs, thereby decreasing patient morbidity and mortality. Review of HIV counseling and testing practices, strengths and weaknesses of TB/HIV referral systems, human resource analyses, treatment adherence, drug adverse effects and conventional TB treatment outcomes in patients on dual therapy will be recorded. TB patients and PLHIV constitute the principal target populations and include pregnant women (referred to PMTCT services) and children (receiving ARVs if indicated).

Ongoing quality assessment and quality improvement will be implemented through on-site supervision and external quality assurance mechanisms such as checklists. Regular feedback meetings will be held with project staff to identify potential problems and rapidly facilitate corrective action. Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care while increasing and improving access to ART for eligible TB patients. TB services in South Africa will in future form a vital link to accredited government ARV sites. This project will contribute to strengthening of the role of TB services as point of delivery of ARVs, by ensuring that human, financial and infrastructure needs for comprehensive TB/HIV programs are met through equitable allocation of scarce resources and through analyses of cost-effectiveness and cost-benefit.

Funding will be used to support sites to implement the pharmaceutical elements of the best-practice approach to integrated TB/HIV care, including drug distribution and supply chain logistics to meet SA accreditation requirements for ARV rollout, site staff training, pharmaceutical management to maintain MCC and FDA quality standards, and the cost of ARVs. Where applicable, sites will be prepared to comply with the requirements of accreditation for ART in order to ensure continuity of care.

The MRC activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa 5-year Strategic Plan by integrating TB and HIV services and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7661

Related Activity: 14018, 15085, 14019, 14020, 14021, 14023, 14024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22925	2954.22925.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$0
7661	2954.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$1,020,000
2954	2954.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2645	257.06	TB/HIV Project	$1,682,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	4625.08	**Mechanism:**	N/A
Prime Partner:	McCord Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	7908.08	**Planned Funds:**	$591,000

Activity System ID: 14010

Activity Narrative: SUMMARY:

McCord Hospital and its implementing partner, Zoe Life (McCord/Zoe Life) will support and provide technical assistance in the delivery of antiretroviral drugs (ARVs) to patients at seven sites - four municipal clinics and three non-governmental organizations (NGOs). The activity will also extend to participating industry sites for workers without medical insurance in Durban, KwaZulu-Natal.

The emphasis areas are human capacity development, local organization capacity building, and workplace programs. The primary target populations are the general population, refugees and asylum seekers, and business community. Refugees and asylum seekers are an important target group, as they cannot access free antiretroviral treatment in the public sector.

McCord Hospital receives funding for prevention of mother-to-child transmission (PMTCT) and antiretroviral treatment (ART) through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). The program described here focuses on strengthening the capacity of public sector and NGO facilities, and it is distinct from the hospital-based program funded by EGPAF. Note: EGPAF will also be supporting a similar program in three Department of Health (DOH) clinics in the northern sub-district of Durban.

BACKGROUND:

This new project will be implemented by the McCord/Zoe Life team in partnership with the eThekwini Municipality (Durban), three NGOs and private sector sites, to decentralize antiretroviral treatment (ART) provision to primary healthcare settings. Stable patients initiated on ART at local hospitals will be referred to the above sites for ongoing follow-up and for monthly ART dispensing. New stable patients will be initiated on ART at the decentralized sites and continue follow-up and ART dispensing at these sites.

McCord Hospital currently dispenses ART to approximately 2,000 patients, and has now become an accredited site with the KwaZulu-Natal Department of Health (KZNDOH), which will ensure long-term sustainability of ARV drug supplies. The KZNDOH is committed to increasing the number of patients provided with ART in the province. The project described here to support public sector and NGO sites is supported by the metropolitan and provincial health departments. KZNDOH ARV guidelines will be used in the provision of ARVs wherever appropriate. Gender issues will be addressed through increasing access to ART in workers (assuming most are men) in a workplace program, and by ensuring that a family-centered treatment approach is offered to partners and family members of index patients via access to couple counseling, community-based referrals, provider-initiated palliative care for partners and active case management of families. The project will also increase access to ART for refugees.

There will be links between ARV use data and laboratory and clinical data for overall program improvement.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Site Accreditation

McCord/Zoe Life will support a process of site accreditation at four metropolitan clinics through negotiation with the metropolitan and provincial health departments to ensure sustainability and ongoing provision of ART drugs to these sites. Once the sites are accredited, they would be able to access ARV's through the KZNDOH.

ACTIVITY 2: Accreditation Guidelines

McCord/Zoe Life will assist the KZNDOH to develop accreditation guidelines for NGOs and workplace programs to ensure ongoing provision of ART to these sites.

ACTIVITY 3: ART to Decentralized Sites

This activity will support and strengthen systems on site to provide ART efficiently at decentralized sites. This will be done through meetings with various stakeholders, particularly the provincial and district pharmaceutical services, to look at the logistics and processes required to supply ARVs sustainably to community-based sites.

The McCord hospital pharmacy currently manages the ART supply chain for more than 2,000 patients. This project will hire staff to expand this service to decentralized sites and to strengthen current systems. ARVs will be selected from national regimens according to trends from previous forecasting. Drugs will be procured, stored and regulated by the McCord Hospital Dispensary which is registered as a hospital pharmacy, where necessary. Systems will be developed to procure ARVs for the municipal clinics from their nearest ARV initiating hospital (RK Khan). As McCord Hospital is accredited with the KZNDOH, ARVs will be ordered from and supplied by the central Department of Health Pharmacy. Two month's buffer stock is stored.

All drugs received by the pharmacist will be stored in the McCord Hospital dispensary under the care of the pharmacists who adhere to good pharmacy practice conditions. Drugs will be ordered twice a month. Systems are in place to select, procure, store, track and distribute the drugs privately from alternative sources if there are stock-outs. Monitoring of purchases and distribution is done both manually and electronically. If stock-outs (less than five days) occur, stock will be purchased from an alternative source.

Discussions will be held with the DOH pharmaceutical services as well as the local DOH District office to evaluate the logistics required for ARVs to be supplied to clinics from DOH facilities - from either the closest district hospital or a community health center, following the same process by which other chronic drugs are supplied.

A PEPFAR-funded pharmacist will liaise with the pharmacists at municipal, NGO and industry sites to forecast ARV needs on a weekly basis. ARVs will be prepackaged for the decentralized sites and delivered weekly to each site. Pediatric formulations will also be delivered to sites weekly. The McCord/Zoe Life team will provide technical support to ensure that onsite storage and dispensing systems are in place before

Activity Narrative: ARVs are dispensed. Scripts will be written by dispensing nurses at the decentralized sites and kept in a register in the pharmacy. In clinics without a pharmacy, drugs will be stored in a secure cupboard. A register of scripts and drugs dispensed will be maintained at each clinic by a senior dispensing nurse. Records will be captured in the logistics database on a weekly basis. Excess or expired medicines are disposed of through a waste management company.

Sustainability is addressed at provincial level through accreditation of municipal sites and development of accreditation policies for NGO and corporate sites.

Human capacity development is strengthened through technical support and mentorship of pharmacists and senior nursing staff at the sites to improve logistics management regarding ARV supply. Staff will be trained in monitoring and evaluation to strengthen the efficiency of the systems, and to optimize tracking of missed drug pick up, liaising with the multidisciplinary team who will follow up these clients.

The McCord Hospital/Zoe Life activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

With FY08 reprogramming funding, EGPAF will provide support to the national Department of Health and 3 provinces (KwaZulu-Natal, North West and Free State) in training and mentoring of health workers to implement the new (2008) PMTCT dual therapy guidelines. Tools to measure compliance to these new guidelines are being developed and will be rolled out to facilities in the three targeted provinces, and beyond.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7908

Related Activity: 14006, 14007, 14008, 14009, 14011

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7908	7908.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$231,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14006	7906.08	6683	4625.08		McCord Hospital	$649,640
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
14008	7910.08	6683	4625.08		McCord Hospital	$167,810
14009	7907.08	6683	4625.08		McCord Hospital	$204,670
14011	7909.08	6683	4625.08		McCord Hospital	$570,360

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 2792.08

Mechanism: Track 1

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3287.08

Planned Funds: $3,191,217

Activity System ID: 13715

Activity Narrative: AIDSRelief implements a comprehensive HIV care and treatment program in South Africa that is funded with Track 1 central funding, as well as South Africa COP funding. The activities do not differ across the funding mechanisms, and this entry is thus a repeat of the South Africa COP entry.

SUMMARY:

Activities are implemented to support procurement of antiretroviral (ARV) drugs under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 sites. Coverage extends to eight provinces in South Africa (excluding the Western Cape). The emphasis areas are human capacity development and local organization capacity building. The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale-up antiretroviral therapy (ART) in nine countries, including South Africa. Since FY 2005, in-country funding has supplemented Track 1 funding, and this will continue in FY 2008. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008, AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ART rollout. In the interest of maximizing available funds the focus will be placed on strengthening the existing sites' provision of services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs are provided to all qualifying HIV patients who present at the sites, irrespective of their age, gender, nationality, religious or political beliefs. The access to non-South Africans is particularly significant, as the public sector rollout program is restricted to South African and legal refugees and asylum seekers. However, South Africa has a large displaced population, including economic migrants who do not have South African identity documentation. Historically, about 90% of adults and 10% of children with HIV have been receiving ARV drugs through the 25 partner sites.

ARV drugs purchased will be used by the 25 sites to treat ARV patients through clinic-based and home-based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 25 sites, ARV drugs are currently being purchased centrally through a Johannesburg-based pharmaceutical company, and delivered via courier to the field sites monthly on a patient-named basis. CRS is billed once a month for all site deliveries after verification of drugs delivered to each site. The opportunity of accessing preferential cost drugs is being utilized through cooperation with GlaxoSmithKline where available. Although the AIDSRelief sites have not experienced stock-outs in significant volume, they have been experienced on a limited number of occasions. Efforts to address or prevent such occurrences in the future include substitution by a more expensive drug on stock (all approved by the appropriate regulatory authorities of the host country and the donor).

Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

All activities will continue to be implemented in close collaboration with the South African Government's HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, directly contributing to the success of the South African Government's own rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the South African Government, thus ensuring long-term sustainability.

All sites operate in terms of a Memorandum of Understanding (MOU) with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by either having the SAG provide antiretroviral drugs, or by down referring stable patients in to the public primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo is receiving drugs from Department of Health due to its status as a down-referral clinic for Stanger Hospital. At Centocow and Bethal, all patients are already receiving drugs through the SAG rollout.

In terms of the actual drug procurement, AIDSRelief in South Africa has a centralized procurement system of ARV drugs, which already provides the economies of scale in terms of drug pricing to the extent possible (outside of the SAG-mandated single exit price). This centralized procurement system buys drugs in volume, and keeps sufficient stock levels to supply the AIDSRelief sites with drugs and ensure no stock-outs occur. The centralized procurement system also manages losses due to expiry of the drugs, and ensures compliance with FDA and MCC (Medicines Control Council of South Africa) requirements. Each patient has their 6-month repeat prescription originally assigned by the doctor and then dispensed by the pharmaceutical supplier, which is revised where necessary (in line with SAG guidelines).

In terms of monitoring of the program, the majority of the AIDSRelief sites are utilizing the centrally-based laboratory services provider Toga (a PEPFAR prime partner) that conducts blood tests (CD4, viral load etc.) for the sits, using the courier service available in country to deliver the blood samples, and reporting back to the sites on the results through either e-mail or an online electronic reporting system setup by the Laboratory services provider.

Due to good existing infrastructure in South Africa, AIDSRelief sites are able to perform viral load and CD4 tests once every 6 weeks, to monitor the treatment progress and possible failure on the individual patient level. These analyses are conducted by each of the AIDSRelief sites, using the data provided by the

Activity Narrative: Laboratory services provider, as part of the clinical management of the patients. The majority of the AIDSRelief sites also use hand-held lactate meters (provided for free by the Laboratory services provider) to screen for hyperlactatemia, which is the most common severe side effect of patients who have been on treatment for prolonged periods of time.

Feedback on program level of the progress and viral suppression is regularly provided by a clinical expert at the Desmond Tutu HIV Foundation, using the laboratory data provided by Toga Labs on patients whose blood was tested through their facilities.

FY 2008 COP activities will be expanded to include increased collaboration with the SAG to ensure long-term sustainability of the program, through different arrangements which vary from one Province to another. These include the transfer of "stable" patients (on ART for 6 months or longer) to public sector health facilities, and then enrolling additional patients at the AIDSRelief partner site. Other options include provision of free ARV and OI drugs and laboratory tests for SAG-accredited facilities run by AIDSRelief, or those that are physically located on SAG-owned premises, thus allowing them to receive free drugs or services. As in the case above, this allows the AIDSRelief sites to enroll additional patients on ART. Other examples include provision of ARV drugs by the SAG, and home-based care and support and adherence follow-up by the AIDSRelief-run partner site. All the different models of collaboration are individually discussed with the provinces where the partner sites operate, and largely depend on specific needs and operating environment of each treatment site and SAG authorities, but are designed to ultimately allow long-term sustainability and success of the program.

This activity will directly contribute to the goal of 2 million individuals on treatment of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7485

Related Activity: 13710, 13711, 13712, 13713, 13714, 13716

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22644	3287.22644.09	HHS/Health Resources Services Administration	Catholic Relief Services	9746	2792.09	Track 1	$3,191,217
7485	3287.07	HHS/Health Resources Services Administration	Catholic Relief Services	4437	2792.07	Track 1	$3,191,217
3287	3287.06	HHS/Health Resources Services Administration	Catholic Relief Services	2792	2792.06	Track 1	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	193.08	**Mechanism:**	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	3806.08	**Planned Funds:**	$455,000
Activity System ID:	13766		

Activity Narrative: SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will support all of its care and treatment partners by increasing access to antiretroviral treatment (ART) and care for those that need it. The emphasis areas for this activity are renovation, human capacity development and strategic information. Primary populations include infants, men and women, people living with HIV (PLHIV), and public and private healthcare providers. The geographic focus is on KwaZulu-Natal, Free State, Gauteng and North West.

BACKGROUND:

The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy among HIV-infected persons. This will be achieved through an intensive focus on increasing access to care and treatment services as well as the service utilization (demand). To achieve these goals and objectives, project Help Expand ART (HEART) will expand the geographic coverage of services during FY 2008. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.

EGPAF utilizes PEPFAR resources to complement activities carried out by the KwaZulu-Natal Department of Health (KZNDOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations (NGOs). These resources are utilized to fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the individual site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work together with the government and other partners to ultimately transition programs to South African government (SAG) support.

EGPAF will provide TA to strengthen quality improvement (QI) by developing or reinforcing Standard Operating Procedures (SOP) and ensuring mentoring and ongoing supervision. HAART regimens used will follow national guidelines. Patient monitoring will be based on immunological, clinical and virological responses to HAART. These responses will be checked against the drug protocols and adherence guidelines used, to dictate the most appropriate change in treatment regimen.

EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. In addition, McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the Department of Health (DOH) includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KwaZulu-Natal.

The existing sites are:
(1) McCord Hospital, Durban;
(2) AHF (Ithembalabantu Clinic), Umlazi, Durban;
(3) KZNDOH, Pietermaritzburg Up/Down referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics); and
(4) KZNDOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District

The partnership with the Department of Health (DOH) has been expanded to the rest of Zululand district, the whole Free State province, to Ramotshere Moiloa (Zeerust) and Tswaing (Delareyville) sub-districts in the North West, and the Eastern Ekurhuleni and Lesedi sub-districts in Gauteng.

ACTIVIES AND EXPECTED RESULTS:

ACTIVITY 1: ARV Drug Procurement

ARV drug procurement will be undertaken for one Track 1 partner (McCord Hospital) and for one in-country partner, AIDS Health Care Foundation. All DOH sites use the DOH ARV drug procurement systems. Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

ACTIVITY 2: Pharmacy

McCord and AHF are both national DOH accredited ARV sites, and each have a dedicated pharmacist for the HIV and AIDS treatment program. This has resulted in uninterrupted supply of antiretrovirals and individualized adherence counseling to the increasing number of patients.

Systems are in place to select, procure, store, track and distribute the drugs privately. Drugs can be sourced at short notice from private suppliers. McCord Hospital has two purchasing systems currently in operation. These include:

(1) Rolling Forecast System - GlaxoSmithKline access program drugs, that are purchased monthly according to a three-month committed, and nine-month open forecast updated monthly. This forecast is determined by the program batching systems.

(2) Demand Dependant System - 24 hour order to delivery system based on demand and maintained with minimum and maximum stock levels.

Monitoring of purchases and distribution is done both manually and electronically (Pro-Clin and Trakhealth Systems) and produce statistical and detailed reports. If stock-outs (less than five days) occur, stock can be purchased from an alternative source.

As the AHF/Ithembalabantu clinic is a national DOH accredited ARV site, the KZNDOH provides the clinic with two full-time counselors specializing in counseling and testing. AHF Ithembalabantu clinic has an onsite pharmacy, and the clinic has the capacity to serve all of its clients pharmacy needs. AHF has developed

Activity Narrative: pharmaceutical and health commodities management systems to ensure a sustainable supply of ARVs and other relevant supplies.

The clinical and psychosocial support staff at the Ithembalabantu clinic uses a locally developed, highly effective treatment education and adherence program that has resulted in outstanding, sustained rates of therapy success. Treatment adherence and education classes, social service support and counseling, as well as skills development and capacity building classes are all provided onsite. Medication adherence training and support is given before clients begin ART. Adherence counseling is also monitored by self-reporting, pill counting, and follow-up with patients, dedicated family members or friends.

The EGPAF drug procurement program contributes to the PEPFAR 2-7-10 goals by ensuring adequate supply of ARV drugs for patients in treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7655

Related Activity: 13763, 13764, 13765, 13767, 13769

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22766	3806.22766.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9790	193.09		$436,907
7655	3806.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		$1,800,000
3806	3806.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2628	193.06		$1,180,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13763	7969.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$2,925,000
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
13765	7968.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,070,000
13767	2917.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$5,510,000
13769	3296.08	6602	2255.08	track 1	Elizabeth Glaser Pediatric AIDS Foundation	$5,283,351

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1066.08

Mechanism: PHRU

Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3331.08

Planned Funds: $6,305,000

Activity System ID: 14267

Activity Narrative: SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high-quality care and support for people living with HIV (PLHIV). The PHRU will use FY 2008 funds to continue to provide high-quality holistic antiretroviral treatment (ART) and psychosocial support in Gauteng, rural Limpopo and Mpumalanga, and Western Cape. These funds will contribute towards antiretroviral (ARV) drugs and services. Clients are provided with ART, pre-treatment literacy, adherence counseling and adherence support groups. Linkages from CT, PMTCT, basic care and support will be strengthened. The emphasis areas are human capacity development and local organization capacity building. The family-centered approach targets HIV-infected adults, children and infants.

BACKGROUND:

Since 1998 the PHRU has provided comprehensive treatment, care and support to people living with HIV (PLHIV). The PHRU has received funding from PEPFAR since 2004 to support ART services in Gauteng, rural Limpopo and Mpumalanga, and Western Cape provinces. PHRU directly purchases ARVs with PEPFAR funds and has demonstrated the ability to rapidly scale up treatment. PHRU has adopted a family-centered approach and clients are encouraged to bring partners and other family members for testing and treatment. Of patients supported by the PHRU, about one-third is supported through PEPFAR-funded ARV drugs. PHRU is expanding activities to directly support scale-up at government ART sites and support down referral systems. PHRU works with the provincial health departments to ensure safe transfer for the participants to ongoing care within the South African Government (SAG) rollout program to ensure sustainability. PHRU works only in government facilities, where government takes the lead in all aspects of the program. The PHRU together with government counterparts identify gaps that will slow down implementation according to national and provincial guidelines. Upon request from the facility, PHRU provides support through a Memorandum of Understanding to fill the gaps and work towards the provincial financing of related activities. PHRU supports, trains and mentors healthcare workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national guidelines for ARV treatment. Training is adequately and broadly proclaimed by provincial government through training programs that are approved by the province and adhere to all guidelines and standards of the national government. Quality assurance, client retention, monitoring and evaluation form an integral part of the program. PHRU provides regular training for professional and lay staff on ART issues such as adherence, medical treatment, and appropriate regimens.

All sites have psychosocial support programs which provide community-based assistance, support groups and education covering issues such as basic HIV and AIDS information, HIV services, HIV treatment, treatment literacy, adherence, TB, positive living, nutrition, prevention, opportunistic infections and TB. The comprehensive care approach leads to stigma reduction, increased disclosure, and improved adherence to ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Adults, Soweto

Funding from PEPFAR supports adults on treatment in the family-centered PMTCT program. The adult treatment program is ongoing and drugs are purchased for patients at the PHRU clinic based at Chris Hani Baragwanath Hospital (Bara). The program provides treatment, monitoring and support for adults who meet the SAG guidelines for treatment. HIVSA, an NGO partner, provides treatment literacy and adherence support. This activity will be continued and expanded with FY 2008 funds.

ACTIVITY 2: Pregnant Women, Soweto

This program was started in the maternity section at Bara in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto 8,000 pregnant women annually are identified as positive with an estimated 1,600 needing treatment. Following SAG guidelines, pregnant women who are eligible for treatment are offered HAART. In order to fast-track women onto treatment, PHRU is training and mentoring the doctors and nurses. The program is being expanded to other ART sites in the area with FY 2008 funds. HIVSA, an NGO partner, will continue to provide treatment literacy and adherence support.

ACTIVITY 3: Children, Soweto

The PHRU clinic identifies HIV-infected children who need treatment through PMTCT and children of adults who are already on treatment. This activity will continue and will be strengthened through additional counselors with FY 2008 funds. As part of a comprehensive family-centered approach, children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU according to USG and SAG guidelines. ARV drugs for children are supplied through the PHRU pharmacy system. Staff is trained on an ongoing basis in pediatric ARV provision.

ACTIVITY 4: Franchise, Gauteng

This program targets uninsured workers in densely populated areas in Johannesburg. ARVs are made available and affordable through a franchising scheme, and supplied free of charge or at a significantly discounted rate to patients unable to purchase their own medication. Those who can afford to pay for all or a portion of their drugs are expected to do so. ARV drugs are procured and supplied within the service by trained providers. This program provides a stand-alone ART full service clinic in downtown Johannesburg and provides lessons learned about demand for ART outside the public sector, willingness and ability to pay for services, and the cost-effectiveness of this model of delivery.

ACTIVITY 5: Sub-partners

A number of partners in the Western Cape have been identified and are supported to provide ARV treatment. Most of these partners receive ARV drugs from the Department of Health and PEPFAR funds are provided to support the services to expand and develop down-referral systems. Pediatric treatment is a priority. It is likely that additional partners will be identified to enable increased access to treatment.

Activity Narrative: These activities will contribute substantially to the PEPFAR 2-7-10 goals of providing ARV treatment to two million people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7600

Related Activity: 14262, 14263, 14264, 14265, 14266, 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23643	3331.23643.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$3,522,995
7600	3331.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$3,400,000
3331	3331.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$958,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14268	3101.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$11,185,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 2790.08 **Mechanism:** N/A

Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3309.08

Planned Funds: $7,760,000

Activity System ID: 13713

Activity Narrative: SUMMARY:

Activities support procurement of antiretroviral (ARV) drugs under the comprehensive ART program carried out by Catholic Relief Services (CRS) in 25 sites. Coverage extends to eight provinces in South Africa (excluding the Western Cape). The emphasis areas are human capacity development and local organization capacity building. The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received Track 1 funding in FY 2004 to rapidly scale-up antiretroviral therapy (ART) in nine countries, including South Africa. Since FY 2005, in-country funding has supplemented Track 1 funding, and this will continue in FY 2008. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008, AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ART rollout. In the interest of maximizing available funds the focus will be placed on strengthening the existing sites' provision of services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in the form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs are provided to all qualifying HIV patients who present at the sites, irrespective of their age, gender, nationality, religious or political beliefs. The access to non-South Africans is particularly significant, as the public sector rollout program is restricted to South African and legal refugees and asylum seekers. However, South Africa has a large displaced population, including economic migrants who do not have South African identity documentation. Historically, about 90% of adults and 10% of children with HIV have been receiving ARV drugs through the 25 partner sites.

ARV drugs purchased will be used by the 25 sites to treat ARV patients through clinic-based and home-based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 25 sites, ARV drugs are currently being purchased centrally through a Johannesburg-based pharmaceutical company, and delivered via courier to the field sites monthly on a patient-named basis. CRS is billed once a month for all site deliveries after verification of drugs delivered to each site. The opportunity of accessing preferential cost drugs is being utilized through cooperation with GlaxoSmithKline where available. Although the AIDSRelief sites have not experienced stock-outs in significant volume, they have been experienced on a limited number of occasions. Efforts to address or prevent such occurrences in the future include substitution by a more expensive drug on stock (all approved by the appropriate regulatory authorities of the host country and the donor).

Generic medications purchased comply with the USG PEPFAR Task Force requirement of FDA approval as well as approval from the Medicines Control Council of South Africa.

All activities will continue to be implemented in close collaboration with the SAG’s HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, directly contributing to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the government, thus ensuring long-term sustainability.

All sites operate in terms of a Memorandum of Understanding with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by either having the SAG provide antiretroviral drugs, or by down referring stable patients in to the public primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo is receiving drugs from Department of Health due to its status as a down-referral clinic for Stanger Hospital. At Centocow and Bethal, all patients are already receiving drugs through the SAG rollout.

In terms of the actual drug procurement, AIDSRelief in South Africa has a centralized procurement system of ARV drugs, which already provides the economies of scale in terms of drug pricing to the extent possible (outside of the SAG-mandated single exit price). This centralized procurement system buys drugs in volume, and keeps sufficient stock levels to supply the AIDSRelief sites with drugs and ensure no stock-outs occur. The centralized procurement system also manages losses due to expiry of the drugs, and ensures compliance with FDA and MCC (Medicines Control Council of South Africa) requirements. Each patient has their 6-month repeat prescription originally assigned by the doctor and then dispensed by the pharmaceutical supplier, which is revised where necessary (in line with SAG guidelines).

In terms of monitoring of the program, the majority of the AIDSRelief sites are utilizing the centrally-based laboratory services provider Toga (a PEPFAR prime partner) that conducts blood tests (CD4, viral load etc.) for the sits, using the courier service available in country to deliver the blood samples, and reporting back to the sites on the results through either e-mail or an online electronic reporting system setup by the Laboratory services provider.

Due to good existing infrastructure in South Africa, AIDSRelief sites are able to perform viral load and CD4 tests once every six weeks, to monitor the treatment progress and possible failure on the individual patient level. These analyses are conducted by each of the AIDSRelief sites, using the data provided by the Laboratory services provider, as part of the clinical management of the patients. The majority of the AIDSRelief sites also use hand-held lactate meters (provided for free by the laboratory services provider) to screen for hyperlactatemia, which is the most common severe side effect of patients who have been on treatment for prolonged periods of time.

Activity Narrative:

Feedback on program level of the progress and viral suppression is regularly provided by a clinical expert at the Desmond Tutu HIV Foundation, using the laboratory data provided by Toga Labs on patients whose blood was tested through their facilities.

FY 2008 COP activities will be expanded to include increased collaboration with the SAG to ensure long-term sustainability of the program, through different arrangements that vary from one province to another. These include the transfer of "stable" patients (on ART for 6 months or longer) to public sector health facilities, and then enrolling additional patients at the AIDSRelief partner site. Other options include provision of free ARV and opportunistic infections drugs and laboratory tests for SAG-accredited facilities run by AIDSRelief, or those that are physically located on SAG-owned premises, thus allowing them to receive free drugs or services. As in the case above, this allows the AIDSRelief sites to enroll additional patients on ART. Other examples include provision of ARV drugs by the SAG, and home-based care and support and adherence follow-up by the AIDSRelief-run partner site. All the different models of collaboration are individually discussed with the provinces where the partner sites operate, and largely depend on specific needs and operating environment of each treatment site and SAG authorities, but are designed to ultimately allow long-term sustainability and success of the program.

This activity will directly contribute to the goal of 2 million individuals on treatment of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7489

Related Activity: 13710, 13711, 13712, 13715, 13716, 13714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22649	3309.22649.09	HHS/Health Resources Services Administration	Catholic Relief Services	9747	2790.09		$6,052,642
7489	3309.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		$6,068,370
3309	3309.06	HHS/Health Resources Services Administration	Catholic Relief Services	2790	2790.06		$4,572,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
North-West
Northern Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 190.08
Mechanism: N/A
Prime Partner: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 2913.08
Planned Funds: $3,651,000
Activity System ID: 13687

Activity Narrative: SUMMARY:

Aurum Health Research (Aurum) will use FY 2008 PEPFAR funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The emphasis areas for this activity are human capacity development, local organization capacity building, and strategic information. Target populations include infants, children and youth; adults, including men and women of childbearing age; and people living with HIV (PLHIV), including HIV-infected pregnant women, infants and children.

BACKGROUND:

The focus of the Aurum program in the public, private, and non-governmental sector is to provide HIV care and treatment to a large number of persons in a cost-effective standardized manner ensuring a high quality of counseling, patient care and patient monitoring. The model is centrally coordinated and implemented on a large scale in peripheral sites that are resource-constrained and lacking in HIV specialists, information technology (IT) infrastructure, and laboratory and pharmacy capacity. Aurum achieves this by having a centralized system of support which includes the following: (1) training of all levels of healthcare workers to ensure capacity building of clinicians to be able to manage patients in resource-poor settings with remote HIV specialist support; (2) provision and maintenance of guidelines for HIV preventive therapy (including INH and cotrimoxazole), treatment of adults and children, prevention of mother-to-child transmission and voluntary counseling and testing; (3) clinical and administrative support through site visits by staff involved in psychological support, training, clinical support and monitoring data management system; and (4) centralized distribution of medication and laboratory testing.

The S Buys group (a private company) is responsible for the centralized procurement and distribution of antiretroviral and preventive therapy. Negotiations with research-based pharmaceutical companies have ensured that GlaxoSmithKline (GSK) drugs are available at access prices and members of the community without medical insurance are able to access these medications.

ACTIVITIES AND EXPECTED RESULTS:

PEPFAR funds will be used in this program area to purchase, store and distribute ARV drugs. Patients who are medically eligible for, but cannot afford, antiretroviral therapy will receive the drugs at no cost from enrolled sites. The drugs will be prescribed using the South African Government's (SAG) eligibility criteria and drug regimens. Generic medications purchased comply with the USG PEPFAR Task Force requirement of U.S. Federal Drug Administration approval as well as approval from the Medicines Control Council of South Africa.

The pharmacy plan comprises:

(1) Warehousing and stock control of drugs: A computerized system of stock control will ensure an audit trail and batching abilities from the warehouse to patients.
(2) National distribution of medication: Through a courier service, S Buys is able to distribute medication anywhere in South Africa within 24 hours of receiving the request. ARV drugs are dispensed centrally on a monthly basis, and Aurum has not experienced any stock-outs.
(3) Named patient dispensing: Dispensing centrally at the pharmacy ensures that medication is controlled and it facilitates a strict audit trail to the patient.
(4) S Buys pharmacy has in place stock control, pricing based on volume purchasing (where possible) and has a process for checking compliance with ART guidelines.
(5) Integration with the Aurum Health Research (AHR) Project: This integration will help ensure adherence to protocols, as well as communication between pharmacists and AHR. It will also allow for the integration of data from drug dispensing sites.
(5) Aurum is working with sub-partners to ensure Department of Health accreditation for a number of sites, allowing drugs to be provided by the government. A number of sites have already been accredited.
(6) Aurum will participate in the training of professional nurses in pharmacy skills.

Aurum's activities in ARV drugs contribute to the 2-7-10 PEPFAR goal of 2 million people receiving antiretroviral treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7297

Related Activity: 13689, 13690, 13684, 14339, 13685, 13686, 13688

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29138	29138.06	U.S. Agency for International Development	World Vision International	11881	11881.06		$187,504
29137	29137.06	U.S. Agency for International Development	Catholic Relief Services	11880	11880.06		$479,867
29136	29136.06	U.S. Agency for International Development	American Association of Blood Banks	11879	11879.06		$676,440
29135	29135.06	U.S. Agency for International Development	American Red Cross	11878	11878.06		$335,754
29134	29134.06	U.S. Agency for International Development	Save the Children US	11877	11877.06		$1,180,778
29133	29133.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	3291	1499.06	Making Medical Injections Safer	$2,115,000
29132	29132.06	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	3756	496.06		$0
29131	29131.06	HHS/Centers for Disease Control & Prevention	Federal Ministry of Health, Ethiopia	3756	496.06		$0
29130	29130.05	U.S. Agency for International Development	Food for the Hungry	11876	11876.05		$120,715
22610	2913.22610.09	HHS/Centers for Disease Control & Prevention	Aurum Health Research	9737	190.09		$3,544,773
7297	2913.07	HHS/Centers for Disease Control & Prevention	Aurum Health Research	4369	190.07		$2,750,000
2913	2913.06	HHS/Centers for Disease Control & Prevention	Aurum Health Research	2626	190.06		$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13688	2912.08	6574	190.08		Aurum Health Research	$11,661,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Gauteng
KwaZulu-Natal
North-West
Northern Cape
Western Cape
Eastern Cape
Free State
Limpopo (Northern)
Mpumalanga

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 2797.08

Mechanism: N/A

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3318.08

Planned Funds: $1,067,000

Activity System ID: 13734

Activity Narrative: SUMMARY:

Columbia University (Columbia), in collaboration with the Eastern Cape Health Department (ECDOH) will support antiretroviral (ARV) drug purchase for two treatment sites and support commodity supply chain-related training, and logistics for 34 current antiretroviral treatment (ART) service delivery sites in the Eastern Cape and two new ART sites in KwaZulu-Natal (KZN). Major emphasis is given to human capacity development, local organization capacity building, and strategic information. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV).

BACKGROUND:

Columbia and the ECDOH will continue to support procurement and distribution of needed ARV drugs using PEPFAR FY 2008 funds. In FY 2006 Columbia formed a partnership with the United Nations Children's Fund (UNICEF) to procure ARV drugs from local pharmaceutical companies that are licensed by the South African Medicines Control Council (MCC). These drugs are distributed to two non-governmental organizations, Ikhwezi Lokusa Wellness Center (Ikhwezi) in East London and the Cato Manor Community Health Center in Durban. Columbia purchases generic medications that are in compliance with the USG PEPFAR Task Force requirement for both U.S. Federal Drug Administration and Medicines Control Council (MCC) approval. Columbia provides technical assistance to improve HIV-related pharmacy practices in 34 public health facilities. In these 34 public sector sites, the relevant provincial department of health provides all required HIV drugs.

In FY 2007 Columbia provided support for pharmaceutical services in the Qaukeni local service area in the Eastern Cape and Sisonke districts in KZN. One of the challenges encountered while providing this essential support is the regular stock-out of drugs such as cotrimoxazole. As a result Columbia provided in-service trainings for pharmacists and pharmacy assistants on drug stock management, In addition, Columbia purchased copies of the South Africa Medicines Formulary and the Daily Drug Use for 30 clinics in the same catchment area. Columbia also distributed copies of the Essential Drug List for use in these clinics.

Similar pharmaceutical services support is carried out in Port Elizabeth and this activity will continue into FY 2008.

ACTIVITIES AND EXPECTED RESULTS:
Specific areas of programmatic focus include:

(1) Technical support for ARV stock management and distribution at the pharmacy depot (in Port Elizabeth) and public ART sites. Activities include:
(a) Train pharmacists and pharmacist assistants in ARV stock management.
(b) Support the implementation of a province-endorsed pharmacy tracking tool to prevent ARV drug stock-outs at health facilities.
(c) Support the province-endorsed training of pharmacist assistants at identified health facilities.

(2) Purchase and distribute ARV drugs for Ikhwezi Lokusa Wellness Center and Cato Manor community health clinic. In FY 2006, Columbia initiated discussions with the ECDOH to propose that the ARV drug procurement and distribution for Ikhwezi is managed by the ECDOH. In FY 2007, the ECDOH and Ikhwezi developed an Memorandum of Understanding which will be signed before the end of FY 2007. The ECDOH organized for Ikhwezi to be part of the Pfizer Diflucan donation program and currently patients with cryptococcoal meningitis and esophageal candidiasis can obtain free Diflucan for this initiative. Similar discussions with the KwaZulu-Natal Health Department (KZNDOH) are anticipated in FY 2008 and are expected to begin for the Cato Manor community health clinic in Durban.

(3) Utilization of ARV drug pharmacy practice to improve clinical management. In a bid to improve ARV prescribing practices in the Ikhwezi and Cato HIV treatment services, Columbia in FY2007 and FY2008, will ensure that information generated that best describes and linkages between prescribed ARV drug regimen and clinical outcomes and laboratory indicators is disseminated to the clinicians in these 2 facilities.

Columbia will continue collaborating with the South African Department of Health in support of ARV procurement mechanisms to ensure uninterrupted ARV supply at Columbia-supported sites. The specific quantities of ARV drugs that would be needed will take into consideration relevant medical conditions (TB, adverse drug reactions). Columbia will continue to strengthen the ARV drug distribution system by providing technical assistance at designated pharmacy depots to coordinate distribution of ARVs with the NDOH, as well as participate in furthering the ARV quality assurances activity initiatives as developed by the NDOH.

In the Eastern Cape a public-private partnership consortium outsourced by the ECDOH will manage the Department of Health pharmacy depots. Therefore Columbia will not be providing ongoing assistance at the Mthatha Depot effective 2008. However, Columbia will continue to provide technical assistance for Pharmaceutical services in all SAG supported health services.

By providing ARV drugs and related services, Columbia's activities will contribute to the PEPFAR goal of providing treatment to 2 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7303

Related Activity: 13736, 13731, 13732, 16319, 13733, 13735, 13738

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22751	3318.22751.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9785	2797.09		$980,128
7303	3318.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4371	2797.07		$1,138,000
3318	3318.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2797	2797.06		$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13738	3290.08	6589	4502.08	Track 1	Columbia University Mailman School of Public Health	$4,446,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Free State

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 226.08

Mechanism: N/A

Prime Partner: Foundation for Professional Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 7985.08

Planned Funds: $873,000

Activity System ID: 13744

Activity Narrative: SUMMARY:

The Foundation for Professional Development's (FPD) treatment activities focus on building public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy (ART). PEPFAR funds will be used to procure ARVs and other drugs to support the expansion of faith-based organization (FBO) treatment services in Pretoria (Gauteng province), one facility in the inner city and one in a nearby township. Services will be expanded at the Pretoria Inner-City Clinic (PICC) in collaboration with a faith-based coalition, the Tshwane Leadership Foundation and at Leratong Hospice. Both sites have been developed by the not-for-profit private sector, and antiretroviral drugs will only be provided to residents who cannot access public sector treatment for specific reasons. The Leratong Hospice will begin providing ART through PEPFAR funding in 2007. For all of the Gauteng Department of Health (GDOH) facilities assisted by FPD other than the PICC and Leratong Hospice, drugs are provided through the South African Government's (SAG) ART roll-out program. The emphasis areas are construction/renovation, gender, human capacity development (HCD) and local organization capacity building. Target populations for the activities include the general population and people living with HIV (PLHIV). FPD will consider using the Partnership for Supply Chain Management to assist with the procurement of drugs.

BACKGROUND:

FPD is a South African private institution of higher education working exclusively in the health sector in Southern Africa. Previous PEPFAR funding has allowed the training of thousands of healthcare professionals and supported the provision of ART to thousands of PLHIV in South Africa. It provides assistance to over 25 large public sector ART roll-out facilities. Although the SAG has a robust ARV roll-out program, it is not universally accessible. This project provides ART and related services to vulnerable groups living in the inner-city of Pretoria and in one of the surrounding townships who cannot afford private care and do not have access to public sector care due to factors such as long waiting lists, inability to pay minimum public sector user fees, fear of discrimination, and stigma.

Started with FY 2006 funding, this project partners FPD in a strategic alliance with the Tshwane Leadership Foundation and the Leratong Hospice who operate clinics that do not provide ARVs. Both partners are FBOs that currently provide social welfare services to PLHIV in the city, including hospice care. FY 2006 funds were used at one of these facilities to serve as a rapid initiation and stabilization site for patients whose lives are at risk due to long waiting lists. Negotiations are currently underway with the GDOH to have these clinics accredited as down referral sites for the major ART clinics at Tshwane District Hospital and Kalafong Hospital (both already supported by FPD). Every effort is made at all facilities to reduce stigma through staff training, one-to-one counseling, and counseling for families and support groups. Sustainability is partially addressed through the public-private partnership (PPP) with the Tshwane Leadership Foundation. This organization brings together a large number of churches in the city and has access to additional funding sources to support the project. In addition, the government supports all drugs and labs. It is only at one clinic where FPD provides drugs. FPD is working on getting this clinic accredited so that the provincial government will supply the drugs. FPD is also working with government to transfer responsibility for salaries when positions are filled.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Procurement and Distribution of Drugs

These sites provide an integrated ART service including treatment, palliative care, wellness programs and psychosocial support for adults and children, and income generation schemes for women. The sites have a minimum target of 10% of patients who will be children. PEPFAR funds will be used for the procurement and distribution of ARV drugs for the PICC and the Leratong Hospice, supporting the salaries of necessary doctors, nurses, pharmacists, social workers, counselors, and administrative staff. This project has a close working relationship with an FBO consortium that supports the community of the inner-city and it is envisaged that they will provide palliative care services and psychosocial support. Subject to needs assessments, PEPFAR funds may be used to address minor infrastructure needs. Technical assistance and systems strengthening will be provided for forecasting drug needs, procurement, storage, and related data systems.

ACTIVITY 2: Human Capacity Development

Human capacity development is promoted by requiring all clinical staff at the three sites to attend mandatory training. Training for staff at these sites will include training on supply chain management to ensure proper procurement and related systems. The pharmacist that will supervise dispensing at all sites will also receive refresher training. As part of the overall FPD program, FPD training ensures a cadre of skilled healthcare practitioners able to provide care to PLHIV. Healthcare workers are trained in various courses, including clinical management of AIDS and TB, counseling and testing, palliative care, adherence and workplace AIDS programs using a proven short-course training methodology. PLHIV form part of the faculty to help with stigma reduction among participants and to articulate the needs of PLHIV. To maintain knowledge, an alumni program including regular continuing medical education (CME) opportunities, meetings, journals, newsletters and mentorship has been developed. This program provides alumni with membership in a relevant professional association (Southern African HIV Clinicians Society). FPD's public-private partnership (PPP) with Eskom (large power and utility company) and Discovery Health (private health insurance company) also financially support this training. All staff at the three PEPFAR-funded facilities will access all of the training opportunities.

ACTIVITY 3: Quality Assurance/Supportive Supervision

Quality assurance mechanisms developed through a strategic alliance with JHPIEGO will be expanded to these sites. These quality assurance mechanisms allow clinic staff to rate all aspects of service delivery from drug procurement to patient care. This process will lead to continuous improvement of quality and will be rated once a year by an external consultant. In addition, monitoring of CD4 counts, viral loads, and resistance testing are part of the monitoring system.

This project will contribute to PEPFAR's 2-7-10 goals by expanding access to ART services for adults and

Activity Narrative: children, by building capacity for ART service delivery including the provision of ARVs, and increasing the demand for and acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7985

Related Activity: 13753, 13742, 13743, 13745, 13746

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22960	7985.22960.09	U.S. Agency for International Development	Foundation for Professional Development	9840	226.09		$1,695,199
7985	7985.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13742	7986.08	6591	226.08		Foundation for Professional Development	$950,600
13743	7987.08	6591	226.08		Foundation for Professional Development	$900,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13746	6407.08	6591	226.08		Foundation for Professional Development	$625,650

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	416.08	**Mechanism:**	N/A
Prime Partner:	Broadreach	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	3133.08	**Planned Funds:**	$737,200
Activity System ID:	13696		

Activity Narrative: SUMMARY:

BroadReach Healthcare's (BRHC) antiretroviral (ARV) drug activities include drug procurement and distribution, training for health professionals on drugs, supporting pharmacy staff salaries, training patients, quality assurance (QA), and data management. BRHC's emphasis areas are human capacity development, local organization capacity building, and strategic information. Primary target populations include children, adolescents, adults, pregnant women, and people living with HIV (PLHIV).

BACKGROUND:

PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the South African Government's (SAG) rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across five provinces. An additional province will be added in FY 2008. BRHC is supporting approximately 5,000 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

The primary goal of this program area is to ensure that new patients are started on antiretroviral treatment (ART) when clinically qualified, and enrolled patients continue to receive high-quality care and support. Monitoring of CD4 counts, viral loads, and resistance testing are part of the monitoring system. For continued program sustainability, BRHC continues to work on the transference of costs to government, and already in the North West province, the provincial government provides all drugs.

ACTIVITY 1: Drug Procurement and Distribution

BRHC will continue commodity procurement of ARVs through its supply chain vendors including its courier-based pharmacy partners. BRHC will oversee the delivery of drugs to the accredited community-based providers. In some instances, the community-based providers will be paid a capitated rate per patient and those providers will be procuring drugs according to PEPFAR standards and national guidelines. BRHC will negotiate best available pricing for USG and SAG approved ARV drugs. Community-based providers are trained in drug forecasting, procurement and supply chain management.

BRHC partners with a private mail order pharmacy provider, Pharmacy Direct (PD), in its procurement and distribution efforts for the BRHC general practitioners (GP) network. Pharmacy Direct liaises directly with the BRHC GP network to manage patient prescriptions, dosing, medicine delivery and pick-up of returned medicines. In partnership with Pharmacy Direct, BRHC manages patient adherence through monitoring of medicine collection and regular data reports.

ACTIVITY 2: Human Capacity Development (HCD)

BRHC will continue to provide comprehensive HIV and AIDS training to its network of providers including doctors, nurses, pharmacists and other healthcare professionals through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and clinical mentoring from experienced HIV and AIDS clinicians. Topics include drug supply chain logistics, operational improvements for drug management, tracking for expiration dates, comprehensive ART management, adherence, management of complications and side-effects, prevention and pediatric HIV management. BRHC-supported human capacity development activities, such as training and clinical mentoring, will also take place within SAG facilities.

ACTIVITY 3: Support to SAG

BRHC will support capacity development for drug procurement and pharmaceutical management at partner SAG facilities. BRHC has conducted a needs assessment that examined the operational processes for drug procurement, forecasting, stock management, and dispensing, and has used this assessment to streamline its supply chain management.

ACTIVITY 4: Quality Assurance/Quality Improvement

BRHC maintains a close relationship with its drug procurement and distribution client. The client provides regular feedback and reports to BRHC regarding delivery problems, missed medicine pick-ups, and collects all unused medicines. Drug distribution, pick-up, and returns data is collected and maintained in the BRHC program database. This data feeds into numerous reports including doctor-specific feedback reports and patient exception reports.

This activity facilitates the ARV service delivery component of the project, which contributes directly to the PEPFAR 2-7-10 goal of two million people receiving treatment. BRHC will contribute to PEPFAR's vision outlined in the Five-Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7512

Related Activity: 13700, 13698, 13699, 13693, 13694, 13695, 13697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22618	3133.22618.09	U.S. Agency for International Development	Broadreach	9739	416.09		$715,751
7512	3133.07	U.S. Agency for International Development	Broadreach	4449	416.07		$2,950,000
3133	3133.06	U.S. Agency for International Development	Broadreach	2663	416.06		$1,687,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13699	13699.08	6576	416.08		Broadreach	$776,000
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13697	3006.08	6576	416.08		Broadreach	$14,326,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	6151.08	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10

Activity ID: 12408.08 **Planned Funds:** $436,500

Activity System ID: 13364

Activity Narrative: SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI), and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale-up of HIV treatment services; and (2) develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance (TA), and grants administration for indigenous organizations that implement PEPFAR programs. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs that were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The main functions of the UGM program are: (1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis areas are human capacity development, local organization capacity building, and strategic information.

BACKGROUND:

AED has extensive experience managing grants programs on behalf of USAID with PEPFAR funds. Prior to award of the UGM under the South African APS, AED was already managing grant programs funded with PEFPAR dollars in Ghana and Honduras, and providing TA and capacity building to PEPFAR partners on palliative care and OVC work in Mozambique and Kenya. In addition, AED has been sourced as USAID's exclusive partner for capacity building to the 23 NGOs funded under the PEPFAR Round One New Partners Initiative. As such, AED is well experienced in providing TA and capacity building on the broad array of technical areas related to PEPFAR programs, monitoring and evaluation, organizational development and finance management. In addition, AED has also been a key PEPFAR implementing partner in South Africa, and is thoroughly familiar with working on HIV and AIDS programs within this context.

As a UGM partner, AED will not directly implement program activities, but rather act as a grants administrator, technical assistance provider, and mentor for sub-recipients, who in turn carry out the assistance programs. AED closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, AED's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments. Under AED, between 6 and 11 indigenous partners will be supported via sub-grants and technical assistance, some of whom implement treatment-related activities. Under the umbrella grant mechanism the reach of sub-grantees for treatment is expected to be substantially expanded, which includes the purchase of antiretroviral drugs, drugs for treating opportunistic infections, treatment of symptom and pain management, and other treatment-related commodities (e.g. test kits).

ACTIVITY 1: Grants Management

AED will award and administer grants to partners selected through the South Africa PEPFAR APS competitive process to implement treatment activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, financial oversight, ensuring compliance with USG regulations, and grant closeout. AED will monitor treatment partners' program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building

AED will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support.) AED will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing treatment activities.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

AED will provide support to treatment partners on monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. In addition, AED will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation. The management of service delivery programs under this project will contribute to the PEPFAR goals to provide treatment to 2 million HIV-infected people; prevent 7 million HIV infections; and provide care to 10 million people infected by HIV and AIDS, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12408

Related Activity: 13362, 13363, 13365

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22565	12408.22565.09	U.S. Agency for International Development	Academy for Educational Development	9725	6151.09	UGM	$520,890
12408	12408.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000
13365	12332.08	6451	6151.08		Academy for Educational Development	$2,808,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 2801.08

Mechanism: N/A

Prime Partner: HIVCARE

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3298.08

Planned Funds: $2,910,000

Activity System ID: 13772

Activity Narrative: SUMMARY:

HIVCare will use FY 2008 PEPFAR funds to work with the Free State Department of Health (FSDOH) to provide antiretroviral treatment in a private health facility to patients who do not have medical insurance and who are referred from the public sector waiting lists for treatment. The Medicross Medical Centre, a well-equipped private primary healthcare center, provides the main resource base and in conjunction with thirteen other sites, will provide an effective means of properly distributing ART to patients who are either referred from public sector facilities or who access the site by word of mouth. The emphasis areas for this program will be human capacity development and local organization capacity building. The target population includes men and women; families (including infants and children) of those infected and affected, factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (who do not have medical insurance). A further specific population that will be targeted will be secondary school children. The most significant target group is those persons that cannot access services in the public health system.

All treatment administered is done in strict accordance with South African Government (SAG) guidelines and with due regard to the need to transfer the patients back to SAG facilities when feasible. Additional attention will be given to the screening and treatment of TB among the patients attending the program. The linkage with the youth center will ensure that HIVCare reaches a larger proportion of younger persons, specifically adolescents aged 10-14 and 15-24. This focus on the youth should further encourage involvement with street youth and it is anticipated that the program will be marketed among NGOs working with street youth as a testing and treatment site.

BACKGROUND:

PEPFAR funding for the HIVCare project commenced in June 2005. The main thrust of the activity was to match the FSDOH with private-sector partners (in this case Netcare, the largest private sector health provider in South Africa) in order to build private sector capacity and to absorb some of the burden from public sector facilities. Many FSDOH centers have waiting lists of people for ARV treatment. Patients from these waiting lists who meet the eligibility criteria for this program are referred from these public sector clinics to one of the four primary health centers in Bloemfontein and one in Welkom for treatment. The FSDOH is a collaborating partner in this public-private partnership, and they have commited incorporate HIVCare patients into existing FSDOH treatment sites on cessation of PEPFAR funds. An intermediate project that is underway is the credentialing by the FSDOH of the HIVCare sites so that ARV medication can be drawn from state supplies. This will dramatically reduce the requirement for external purchases.

ACTIVITIES AND EXPECTED RESULTS:

Drugs and other commodities used in the treatment process are procured through the Netcare purchasing system, the single largest purchaser of medical supplies outside of the South African government. The drugs, specifically regulated in terms of South African legislation, are distributed to treatment centers via the Netcare pharmacies in Bloemfontein and Welkom and are dispensed to patients by qualified pharmacy staff. All medication issued to patients is done on presentation of a prescription issued by the treating physician. All other products are purchased within the procurement system of Netcare and some products are specially packaged for the program. Maximum use is made of volume discounts where possible although current SA legislation makes this problematic in respect of medicines. The Netcare purchasing department continually receives pricing updates from all major suppliers and all purchases are subject to competition amongst said approved suppliers. All antiretroviral drugs procured are in line with national treatment guidelines, and generic drugs purchased are FDA-approved and registered by the Medicines Control Council. All medication and supplements are stored off site and delivered either daily or weekly as required. Due to the availability of medicines, a month’s buffer stock is available at any time while two months stock of other products is maintained. Due to space limitations within the clinic itself, large deliveries are impossible and smaller frequent deliveries are made. Medication is delivered to the clinic weekly.

HIVCare also includes a parcel of nutritional supplements with the medication to improve treatment efficacy. The supplements provide a single fortified meal per day for each of the indigent patients on ART and aids in the absorption of the medication. Patients are assessed based upon their body mass index and general condition. The benchmark weight among patients starting ART at the center is just 55 kg (-5.2). In previous years the nutritional supplements were obtained with private funds, but in FY 2008, these will be purchased with PEPFAR funds in line with the Food and Nutrition guidance.

The program is subject to regular management review through the Netcare management and the medical director. This forms a crucial aspect of continuous improvement as practiced by the company. Both clinics are equipped with software specifically designed to monitor and manage patients. This program, coupled with individual patient folders, follows the specifications, definitions and classifications listed in the WHO 2006 patient monitoring guidelines for HIV care and antiretroviral therapy. The list of collected data includes demographic information, family status (partners, children and their HIV status when known), treatment supervisor details, clinical relevant information (symptoms, opportunistic infections, staging, TB status, family planning method or pregnancy status, weight, and height) and laboratory results. All of the abovementioned indicators as well as prophylaxis and antiretroviral treatments, starting dates, interruptions, reasons, side effects and severity are recorded. These data form the basis of internal management reports used to improve systems.

The existing program is small and makes use of existing infrastructure and skills. Training focuses on skills enhancement takes the form of mentorship and on-the-job development. Formal training is restricted to addressing identified skills gaps.

The following procedures are followed to ensure the optimal follow-up for the patient: (a) scripts are written by the doctor (full-time HIV trained doctor); (b) scripts are delivered to the designated pharmacy; (b) drugs are prepared, labeled, named and packed for each patient; (c) parcels are sent back and stored at the clinic, pending collection; and then (d) treatment is dispensed to the patient after consultation and recording patient adherence, side-effects (if any) and weight in the patient folder. These details are captured using the software described above.

Activity Narrative: The software allows the clinic staff to monitor any relevant information as side-effects, complications, opportunistic infections, TB statistics, etc.. Clinic management reports are distributed to the local treating doctor as well as to the medical director. Procedures are in place to address matters arising with staff in the form of corrective action and training.

By providing comprehensive ARV services to patients and promoting ARV services to a large population of underserved people living with HIV (people without private insurance) and school-going children, HIVCare is contributing to the PEPFAR goals of placing 2 million people on ARV treatment and providing care for 10 million others who are infected with HIV. These activities also support care and treatment objectives outlined in the USG Five-Year Strategy for South Africa by expanding public-private partnerships and expanding care to an underserved population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7311

Related Activity: 13770, 13774, 13771, 13773

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23072	3298.23072.09	HHS/Centers for Disease Control & Prevention	HIVCARE	9889	2801.09		$2,542,799
7311	3298.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		$1,800,000
3298	3298.06	HHS/Centers for Disease Control & Prevention	HIVCARE	2801	2801.06		$896,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13770	7989.08	6603	2801.08		HIVCARE	$582,000
13774	13774.08	6603	2801.08		HIVCARE	$242,500
13771	7988.08	6603	2801.08		HIVCARE	$291,000
13773	3299.08	6603	2801.08		HIVCARE	$2,134,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$2,910,000
Estimated local PPP contribution in dollars	$867,227

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	271.08	**Mechanism:**	N/A
Prime Partner:	Right To Care, South Africa	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD	**Program Area Code:**	10
Activity ID:	2974.08	**Planned Funds:**	$1,173,000
Activity System ID:	13796		

Activity Narrative: SUMMARY:

Right to Care (RTC) will use FY 2008 PEPFAR funds to procure and distribute antiretroviral (ARV) drugs to partner antiretroviral treatment (ART) sites and programs in five provinces to expand ART for eligible HIV-infected individuals. Funds are used to procure ARV drugs used in non-governmental and faith-based organizations (NGOs, FBOs), and remote treatment sites. RTC will continue to refer HIV-infected individuals identified through counseling and testing (CT), care, and support services, when indicated, into ART services. The emphasis areas are human capacity development, renovation, and local organization capacity building. Populations to be targeted include people living with HIV (PLHIV) and pharmacists.

BACKGROUND:

Since 2005 PEPFAR funds have been used for human capacity development and for consultant and sessional salaries for employees that augment NGO clinics and government sites. Pharmacists are employed at each site as it grows and as numbers of patients on treatment rise above 500. RTC will continue ARV drug activities, which have been PEPFAR-funded since 2004, when RTC began supporting the purchase of ARV drugs for patients treated through NGOs, FBOs, and the Clinical HIV Research Unit (CHRU). Pharmaceutical procurement and supply is managed by Rightmed Pharmacy, an independent pharmacy established that meet the South African pharmacy regulations.

ACTIVITIES AND EXPECTED RESULTS:

With FY 2008 funding, RTC will consolidate and expand its existing activities, building on past successes in procuring and supplying ARV drugs to its treatment sites/programs. RTC sites have had no stock-outs to date on any drugs despite global shortages in stavudine and lamivudine. All RTC-supported government sites receive drugs through internal government systems.

PEPFAR funds will continue to be used for the procurement and distribution of ARV drugs via Rightmed Pharmacy for the current NGO and FBO clinics as well as for the Thusong program. The Thusong program provides ART to those unable to access care through Department of Health (DOH) sites. ARV scripts are forwarded to Rightmed, which handles all the procurement, logistical and pharmaceutical management, dispensing and distribution of ARVs. The drugs are delivered to the treatment sites via an independent courier company on a weekly basis. Treatment sites receive batches of drugs for multiple patients, with drugs labeled and dispensed on a patient-named basis. Drugs are then securely stored at the site and dispensed to the patient on a monthly basis. Where sites are able to harness the capacity of a pharmacist, direct procurement is facilitated. Sub-awards for clinics will also include funding for pharmacy staff.

Following DOH accreditation of the NGO and FBO clinics, the South African government will take over the costs of the drugs and labs. RTC will re-channel funds that were allocated to ARVs and labs to supporting additional staff, human capacity development and minor infrastructure adjustments. Additional staff, including dieticians and social workers, may be hired to meet the full staff complement for an accredited ARV clinic as defined by government. RTC is working with each site to ensure that the South African government takes responsibility for these salaries at accredited sites as soon as feasible. With government taking over the cost of ARVs, and the increased number of pharmacists receiving training, sustainability is addressed. The provision of additional staff that are trained and the clinical space adjustments will contribute to the improvement of quality treatment outcomes.

In FY 2008, RTC will use PEPFAR funds for direct salary support for pharmacists and pharmacy assistants at government treatment sites to enhance the widespread and sustainable availability of ARV drug services. Subject to needs assessments, PEPFAR funds may be used to upgrade infrastructure and equipment needs at government sites and at NGO and FBO clinics. RTC will also expand the current pharmacist expertise in pediatric care and procurement. Expertise from Rightmed Pharmacy will be used in training and mentorship at various government and NGO sites.

In FY 2008, RTC will procure and supply ARV drugs to RTC-supported treatment programs and sites, directly contributing to the 2-7-10 goal of two million people treated. RTC will support the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7546

Related Activity: 13793, 13794, 13795, 13797

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22940	2974.22940.09	U.S. Agency for International Development	Right To Care, South Africa	9835	271.09		$2,530,537
7546	2974.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		$0
2974	2974.06	U.S. Agency for International Development	Right To Care, South Africa	2652	271.06		$5,321,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
13794	3276.08	6612	271.08		Right To Care, South Africa	$3,395,000
13795	2972.08	6612	271.08		Right To Care, South Africa	$1,616,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Northern Cape

Eastern Cape

Free State

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	520.08	**Mechanism:**	CAPRISA Follow On
Prime Partner:	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3073.08

Planned Funds: $1,906,300

Activity System ID: 13859

Activity Narrative: The activities listed below are intended to be competed and awarded to a follow on partner to UKZN CAPRISA since that award is ending in FY 07.

SUMMARY:

Activities are carried out to continue the provision of antiretroviral drugs to patients already initiated on treatment and to expand access to treatment to additional patients at two established treatment sites in KwaZulu-Natal. The emphasis area is human capacity development. The target population is people living with HIV (PLHIV). Pediatric services will be introduced at the Vulindlela site to move to a family-centered approach to delivering HIV care.

BACKGROUND:

The Centre for the AIDS Program of Research in South Africa (CAPRISA) was established in 2002 as a not-for-profit AIDS research organization by five major partner institutions: University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are located at the University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) program was initially started as a supplemental effort to deal with the large volume of HIV-infected clients that were screened out of CAPRISA's other research studies. The current CAT program provides an integrated package of prevention and treatment services and provides an innovative method of providing ART by integrating TB and HIV care. The CAPRISA eThekwini clinical research site is attached to the Prince Cyril Zulu communicable disease clinic, a large local government clinic providing free diagnosis and treatment of sexually transmitted infections and TB. The antiretroviral treatment (ART) provision at this clinic integrates TB and HIV care into the existing TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and ART for patients identified as HIV infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment.

The CAPRISA Vulindlela clinical research site is a rural facility located about 150 km west of Durban, KwaZulu-Natal. The Vulindlela district is home to about half a million residents whose main access to health care is at seven primary health care (PHC) clinics that provide comprehensive services. The CAT program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and management of suboptimal ART efficacy and for advice regarding OI management and referral.

ACTIVITIES AND EXPECTED RESULTS:

At the eThekwini/Prince Zulu site, all patients in the CAT program with CD4 counts less than 200 see a clinician monthly for clinical and laboratory follow-up. These patients are initiated on ART following a clinical and laboratory safety assessment, and three or more intensive sessions of adherence support counseling. At the eThekwini site, a once daily regimen is used, as per South African treatment guidelines and protocols.This, however, excludes drugs used for contraception, Diflucan, the treatment of TB and drugs used for the outpatient management of OIs, as these are procured from the adjacent eThekweni and Mafakhatini clinic at the respective sites.

In Vulindlela, the first-line regime includes: Lamivudine, Stavudine and NVP and second-line therapy includes: EFV, AZT, 3TC and ABC. PEPFAR funds are used for the purchase of these drugs. The senior research pharmacist, based at the CAPRISA offices in Durban, places all ARV drug orders. Bulk stocks are received at the central CAPRISA pharmacy in Durban and then distributed to the sites as appropriate. The senior research pharmacist ensures that sufficient study product is always on hand for at least two months' anticipated usage.

At the eThekweni clinic, the first-line therapy used is 3TC, ddI, and Efavirenz. The most common second-line regimen is Kaletra, ABC, and ZDV. The first-line regimen was chosen for its suitability to be co-administered with TB drugs, as well as its ability to be dosed once daily. Thus far, more than 90% of the eThekweni CAT patients are on first-line therapy, with approximately 95% still adherent to the program.

At each monthly visit, the pharmacist does a pill count of all unused medication returns and conducts a real-time assessment of adherence to treatment with each patient. The pharmacist’s assessment of adherence at the time may generate additional adherence support counseling of the patient. This pharmacy data may be linked to clinical data such as viral load and resistance testing and may trigger review of existing regimen choices.

Pharmacy records in the form of repeat treatment cards also maintain a detailed chronological log of all non-ARVs prescribed to the participant and may be linked to regimens to inform healthcare workers on the range of side-effects to medication.

The pharmacy maintains a system that allows early tracking of potential defaulters by alerting the tracking department of non-arrivals to the pharmacy for pill collection. The first alert occurs on the day of the scheduled visit if missed and is verified with the trackers for resolution by the end of each week. This indicator also allows for the identification of patients too ill to come into the clinic. A missed visit for pill collection identified by the pharmacy works successfully and allows the program to intervene outside the boundaries of the clinic to ensure that the patients receive the appropriate care when they need it.

As trained pharmacists are a scarce resource in South Africa, pharmacy assistants have been recruited and employed to assist with the large volumes of treatment patients presenting with scripts each day. Tasks that are usually done by pharmacists have been shifted to the pharmacy assistants resulting in an overall increased efficiency in service delivery.

Currently the ARV procurement system meets the needs of the program and purchases are obtained commercially via wholesalers at the SEP (single exit price) or directly from the company (access pricing e.g. Glaxo-SmithKline). Technical assistance will be sought to further strengthen these systems and maintain the optimal stock levels for the duration of the treatment program.

Activity Narrative: Training and human capacity building: The scale-up of the ART care and treatment program over the past three years in CAPRISA has been unprecedented. The CAT program is producing a skilled cadre of health care workers specializing in the management of HIV and HIV-TB co-infection. These skills range from scaling up voluntary counseling and testing services to monitoring responses to ARVs.

Meetings have been held with representatives from the KwaZulu-Natal Department of Health and there is a commitment to engage in discussion about the integration of services between CAPRISA and the DOH, particularly in the poorly resourced Vulindlela area in the Inadi District. The first steps have been initiated by preparation of the CAPRISA Vulindlela site for accreditation by the DOH. Accreditation as an ARV rollout site is the only way to down refer stable patients into the DOH structures. Accreditation of the Vulindlela site also has the ripple effect of the upgrading and staffing of the clinics in the surrounding areas so that the down referral system is effective and sustainable.

These results contribute to the PEPFAR 2-7-10 goals by ensuring that there is an uninterrupted supply of drugs for persons initiated on ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7498

Related Activity: 13857, 13862, 13858, 13860, 13950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23659	3073.23659.09	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	10260	520.09	CAPRISA Follow On	$1,325,576
7498	3073.07	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	4441	520.07	CAPRISA NIH	$900,000
3073	3073.06	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	2696	520.06	CAPRISA NIH	$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13857	3814.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$239,500
13862	13862.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$291,000
13858	3071.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$470,000
13860	3072.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$2,180,200
13950	13950.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

HTXS - ARV Services

Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11

Total Planned Funding for Program Area: $202,328,221

Amount of Funding Planned for Pediatric AIDS	$34,547,274
Estimated PEPFAR contribution in dollars	$3,414,000
Estimated local PPP contribution in dollars	$19,577,697
Estimated PEPFAR dollars spent on food	$97,000
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

The 2003 South Africa Government (SAG) Comprehensive Plan for HIV and AIDS Care, Management and Treatment (Comprehensive Plan) provides a blueprint for universal access to antiretroviral treatment (ART) over a five-year implementation period (2004 – 2009), and the USG contribution to this goal. The goals of this plan are reiterated in the new South African HIV and AIDS and STI National Strategic Plan, 2007-2011 (NSP). The Department of Health has allocated approximately $272 million USD to the implementation of the Comprehensive Plan, mainly through conditional grants to the provinces. According to the NSP, the total financial need for funding for ART in 2008 is $453 million USD, which indicates a gap of $181 million USD. The USG is ideally positioned to support the implementation of the NSP by ensuring equitable access to quality HIV care and treatment through support to the SAG by PEPFAR-funded partners.

South Africa has a generalized mature HIV epidemic, and HIV care and treatment services are required across the entire population, though population-based data has shown that the highest burden of HIV is in urban and peri-urban areas. The 2006 antenatal HIV seroprevalence survey data also provided additional information on district-level prevalence rates. The USG utilizes this information to direct its assistance to these areas, especially to ensure equitable access to ART for lower-density rural populations.

A key element in the Comprehensive Plan is to strengthen public healthcare capacity to deliver integrated HIV and AIDS services. Only 13.7% of South Africans have access to medical insurance, and thus the major focus of the PEPFAR program is on the public sector. Of the 26 partners directly supporting ART, all work in the public sector, with most supporting programs in the private and/or NGO sector.

From April 2004 through March 2007, the SAG has treated more than 270,000 individuals in the public sector, including 27,000 children. Private sector clinics and doctors, and NGOs, are treating an estimated additional 50,000 individuals. The USG expects to meet its FY 2008 direct target of 382,011 individuals receiving treatment through support to public sector, faith-based organizations, non-governmental organizations and private sector programs. The NSP goal is to have ~1.6 million people on treatment by the end of 2011.

The capacity to deliver pediatric ART services varies significantly, although additional funding in FY 2007 has been devoted to improving access to pediatric ART, especially through training activities and technical assistance. PEPFAR partners continue their efforts to reach a pediatric target of 15% of the total treatment population by the end of FY 2008. In FY 2007, 11% of all patients on treatment were children (up from 9% in FY 2006). In FY 2008 the pediatric treatment target is 11%. In addition to the training activities, emphasis in FY 2008 is placed on early diagnosis for infants and children, the referral of children from PMTCT programs to treatment services to better integrate HIV and AIDS services, onsite mentorship, and on linkages between OVC programs and pediatric treatment programs. Based on OGAC guidance, partners are also incorporating nutrition support, especially for children.

The key priorities for the USG in FY 2008 are: (1) human capacity development, especially at primary healthcare level; (2) strengthening down and up-referral systems; (3) improving pediatric HIV care and treatment; (4) encouraging counseling and testing (CT) earlier for adults and children (including the use of PCR and dried blood spot technologies); (5) ensuring that all HIV-infected clients are screened for TB; (6) continuing to strengthen the integration of treatment programs within other health interventions (e.g. PMTCT and reproductive health); and (7) reducing both loss to initiation of treatment of people that test HIV positive, and loss-to-follow-up once on treatment.

The NSP contains strategies for initiating and managing patients on ART at the primary healthcare level. A key focus in FY 2008 is to build capacity at clinics to initiate ART, and only referring patients with complications to the secondary hospital level. There is a key policy change regarding ART initiation guidelines. See comments box below.

The USG is committed to assisting the SAG to enhance the capacity of the public healthcare system and to increase the number of South Africans receiving care and treatment, drawing on evidence and experience, using SAG policies and guidelines. Specifically, the USG program will strengthen comprehensive high quality care for HIV-infected people by: (1) scaling up existing effective programs and best practice models in the public, private and NGO sectors; (2) providing direct treatment services through prime partners and their sub-partners; (3) increasing the capacity of the SAG to develop, manage and evaluate treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, conducting public health evaluations, and service infrastructure assistance; (4) increasing demand for and acceptance of ARV treatment through community mobilization; (5) ensuring integration of ART programs within palliative care, TB, reproductive health, STI and PMTCT services; and (6) assisting in the accreditation of facilities for ART initiation. The collective effort of all USG treatment partners has resulted in ARV care and treatment services available at over 350 sites in all 9 provinces of South Africa. Services are available at health facilities and mobile outreach systems, to improve quality, ensure equity and provide accessibility.

Key linkages are made with prevention programs (especially prevention with positives), wellness programs, which provide ongoing support for patients once they have tested positive for HIV, including opportunistic infection management, cotrimoxazole prophylaxis, and prevention with HIV-infected individuals. Wellness programs are linked to strong community programs, notably home-based care networks that extend care from the facility level to the home. The safe water and bednet elements of the standard package of care are not applicable in South Africa, as the SAG has significant programs to address these areas of need. Malaria control efforts in the small section of the country that is affected by malaria are funded by the SAG and the Global Fund.

The SAG has instituted routine CD4 testing as part of CT to maximize identification of treatment-eligible individuals. In addition, the USG and several partners are working with the SAG on improving early infant and child diagnosis and effective pediatric treatment. The laboratory services network in South Africa is well developed, and allows for the effective monitoring of patients once on ART as per the standard treatment guidelines.

Support for communications programs to improve demand for treatment and to improve treatment literacy remains an important focus in FY 2008. Special challenges that are being addressed are health-seeking behavior among men and youth, and strengthening prevention messages, especially on concurrent relationships. Treatment literacy is also a key focus.

The USG has also developed innovative partnerships with the private sector to provide ART. Some of the private sector partnerships also include public-private partnerships between industry and the South African government.

Proposed activities include such innovative approaches as: strengthening primary healthcare capacity to manage patients on ART in community-based settings; the utilization of multiple network models to improve diagnosis of adults and children; care for those who are positive but not yet requiring treatment; high quality treatment with strong treatment adherence components and strong referral systems, with specific efforts in FY 2008 to strengthen tracing of patients and reducing the number of people lost both to initiation of treatment after testing positive, and lost-to-follow-up after treatment initiation; improving the efficiency of support functions for treatment programs including community support and clinical training and mentoring, patient information systems, logistic support for pharmacies; and public-private partnerships to deliver ARV services at workplace settings, and through private practitioners in remote areas serving the uninsured. In FY 2008, funding has also been provided to treatment partners to strengthen TB screening and diagnosis.

In addition, the USG will focus in FY 2008 on implementing the recommendations from the 2007 review by the Adult Treatment Technical Working Group, including additional assistance to the SAG on accrediting facilities to provide ART, especially clinics; ensure greater geographic consolidation; and scaling up efforts to ensure equitable access to ART.

In FY 2007, the USG competitively selected additional partners to provide care and treatment services, with 26 partners providing direct treatment support in FY 2008. There will be a competitive process to award funding for those contracts and cooperative agreements ending in FY 2008, which may include new partners. This is aimed at supporting the NSP goal of 1.6 million people on ART by December 2011.

Major donors (Ireland, DFID/United Kingdom, European Union and the Netherlands) contribute to treatment-related services, such as mass media communication campaigns, home-based care programs, and policy development in the National Department of Health, but the USG is the only donor funding direct ART services. The Global Fund provides funding for treatment programs to the provincial health departments in two provinces; KwaZulu-Natal and the Western Cape. The USG meets with the major donors several times per year to discuss activities, explore collaborations, and minimize duplication of effort.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	1256
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	175553
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	480272
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	382011
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	32119

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	520.08	**Mechanism:**	CAPRISA Follow On
Prime Partner:	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	**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:	3072.08	**Planned Funds:**	$2,180,200
Activity System ID:	13860		

Activity Narrative: The activities listed below are intended to be competed and awarded to a follow on partner to UKZN CAPRISA since that award is ending in FY 07.

SUMMARY:

Activities are carried out with FY 2008 funding to continue the provision of HIV care and antiretroviral treatment (ART) services to patients already initiated on treatment and to expand access to treatment at two established treatment sites in KwaZulu-Natal. The major emphasis area is human capacity development and local organization capacity building. The target population is people living with HIV (PLHIV). Pediatric services will be introduced at our Vulindlela site to create a shift to a family centered approach to delivering HIV and AIDS care.

BACKGROUND:

CAPRISA was established in 2002 as a not-for-profit AIDS research organization by five major partner institutions; University of KwaZulu-Natal, University of Cape Town, University of Western Cape, National Institute for Communicable Diseases, and Columbia University. The headquarters of CAPRISA are at the University of KwaZulu-Natal. The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program was initially started as a supplemental effort to deal with the large volume of HIV-infected adult clients that were screened out of CAPRISA's other research studies. The current CAT Program provides an integrated package of prevention and treatment services and provides an innovative method of providing ART by integrating TB and HIV care. The CAT program operates from two facilities: CAPRISA eThekwini Clinical Research Site and Vulindlela clinical research site.

The CAPRISA eThekwini Clinical Research Site, is an urban facility attached to the Prince Cyril Zulu Communicable Disease Clinic (CDC) which is a large local government clinic providing free diagnosis and treatment of STIs and TB.. The ART provision at the CAPRISA eThekwini clinical research site integrates TB and HIV care into the existing TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and ART for patients identified as HIV infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment.

The CAPRISA Vulindlela clinical research site is a rural facility located about 150 km west of Durban, KwaZulu-Natal. The Vulindlela district is home to about half a million residents whose main access to health care is at seven primary healthcare clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and for advice and referral.

Those with CD4 counts under 50 are identified and followed up with home visits by PEPFAR-supported nurse aides and community health workers, The clinic is open Monday to Friday and is operated by 2 full-time and one part-time doctor, 4 nurses, 3 counselors, a pharmacy assistant and a full-time pharmacist. Patients from throughout the greater Umgungundlovu district are referred to the Vulindlela CAT program for HIV treatment and care. Regular meetings (imbizos) between the Vulindlela treatment site personnel and leaders in the local community occur, which enhances community participation, acceptance and utilization of the HIV treatment service. CAPRISA has worked closely and has established strong links with TAI, a community-based organization that assists the Vulindlela CAT program with the provision of trained community educators who do peer education and adherence motivation among our patients, home visits, as the implementation of our nutrition program. TAI is also actively involved with care and support of the extended families, including orphans and vulnerable children, of the program clients.

ACTIVITIES AND EXPECTED RESULTS:

The eThekweni CAT Programme has established strong referral networks with surrounding tertiary level DOH facilities for the management of sick and complicated patients requiring tertiary level admission and management. The CAT program provides the ongoing HIV care in partnership with these facilities while co-morbid conditions are being managed, until patients are stabilized and get discharged back to the facility.

CAT patients diagnosed with MDR/XDR TB are fast-tracked for admission to the local MDR hospital, the King George V Hospital. Patients admitted to this facility are visited, and have their ART medicines delivered, by a CAPRISA nurse. Once these patients are stabilized, and deemed non-infectious, they are transported to the CAPRISA facility for follow-up visits. CAT patients that are receiving standard TB therapy, are referred to one of the step-down TB hospitals in the community, and again are visited, and have their ART medicines delivered, by a CAPRISA nurse.

Discussions with the DOH ART Program Manager around the transitioning of eThekweni CAT patients have occurred, and processes are being developed together with the local district office to transition patients who have completed more than 24 months with the CAT program to DOH facilities.

Patients at Vulindlela are referred from the Mafakhatini primary healthcare clinic, research programs (including the non-PEPFAR funded microbicide trial, adolescent cohort, community-based VCT Project) and community referrals (community health workers, community advocates and 30 youth peer-educators). The CAT program in Vulindlela will address issues of stigma and discrimination and is linked to an Oxfam-funded project which addresses stigma and discrimination in the community. The CAT program provides support for disclosing to family members and assists patients in obtaining disability grants. CAPRISA has an extensive community program which supports and facilitates community involvement and informed participation for all CAPRISA projects. Comprehensive services are provided to HIV-infected participants where appropriate. This includes pre- and post-test counseling for HIV infection, treatment and adherence education and support, implementation of ARV treatment, prophylaxis for opportunistic infections, and management of OIs, adverse and serious adverse events. These are done at the clinic and through appropriate referral channels when needed. Only adolescents 14 years or older are targeted. Currently no HIV-related services are offered by CAPRISA to a pediatric population.

Preparations for DOH accreditation visit are at an advanced stage, for the Vulindlela site being accredited as an ART Initiation site. The visit by DOH is expected to take place in August 2007. With the accreditation in place, surrounding public primary health care (PHC) clinics will be scaled up to offer chronic care to

Activity Narrative: stable patients on ART. The Vulindlela CAT program will then commence transitioning stable patients to the PHC facilities. Discussions have been ongoing with the KwaZulu-Natal ARV manager and the DOH District Office to facilitate the smooth transition of patients. It is anticipated that five patients per week will be transitioned which will not overburden the receiving facilities, and the initial patients transitioned will be those from areas with an existing ART roll-out. Transitioned patients will be followed up 6-12 monthly, to ensure successful transitioning.

EXPECTED RESULTS:

ART will be expanded in FY 2008 at both the eThekwini and Vulindlela sites. CAPRISA does not anticipate having to expand the space or staff at these facilities to reach the FY 2008 targets. Laboratory services will continue to be performed at the CAPRISA Laboratory. It was anticipated that by October 2006, patients will start to be transitioned to the Department of Health at a rate of approximately 20 per month from each site and new patients will be enrolled to maintain a steady cohort, however this process has been delayed and these figures have yet to be finalized.

These results contribute to the PEPFAR 2-7-10 goals by increasing the number of newly initiated patients on antiretroviral therapy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7497

Related Activity: 13857, 13862, 13858, 13859, 13950

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23660	3072.23660.09	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	10260	520.09	CAPRISA Follow On	$1,603,158
7497	3072.07	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	4441	520.07	CAPRISA NIH	$350,000
3072	3072.06	HHS/National Institutes of Health	University of Kwazulu-Natal, Natal University for Health	2696	520.06	CAPRISA NIH	$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13857	3814.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$239,500
13862	13862.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$291,000
13858	3071.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$470,000
13859	3073.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$1,906,300
13950	13950.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,050	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,320	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,090	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	45	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 274.08

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3339.08

Planned Funds: $125,000

Activity System ID: 13828

Activity Narrative: SUMMARY:

The South African Department of Defence (SADOD) has an existing HIV and AIDS program that includes antiretroviral treatment (ART) services. FY 2008 funds will be used to improve and expand ART and related services. The main emphasis area is human capacity development. The main target is people living with HIV (PLHIV) in the military and their families.

BACKGROUND:

This activity commenced in FY 2005 with PEPFAR funding and was mostly focused on the preparation of pharmacies at the first rollout sites for ART, supplementing SADOD funding for the phased rollout of ART in the military. Six ART sites have been accredited with the aid of PEPFAR funding, and further funding will be utilized towards addressing human resource deficiencies that delay implementation of ART at these sites. FY 2008 activities will focus on the acquisition of commodities in support of ART, laboratory costs associated with ART, continued human resource support and activities that encourage adherence. Limited uptake of current ART services may be addressed through a media campaign to educate members and dependants on ART. To date only two of the six accredited ART sites are operational due to staffing issues, and thus FY 2008 funding is focused on addressing the needs of the four sites that are accredited, but not operational.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Training of personnel to strengthen management systems, improve the quality of service through training of healthcare workers in ARV service provision.

ACTIVITY 2:

Continued development, modification, and printing of media, including posters and pamphlets, towards the provision of information and education on ART to members of the SADOD and their dependants.

ACTIVITY 3:

Interventions aimed at increasing treatment adherence by utilizing, and adapting, where necessary, available adherence tools.

ACTIVITY 4:

A needs assessment will be conducted at the four focus ART sites to determine gaps in staffing, and a plan to address these gaps will be developed and implemented by SADOD, with some support from PEPFAR funding.

ACTIVITY 5: To ensure quality monitoring and evaluation, the SADOD will implement the HIV and AIDS database developed in FY 2006 in order to capture all relevant patient data for tracking and reporting purposes at the four focus ART sites.

These activities will contribute to the number of persons receiving treatment and care in the military, and support the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7445

Related Activity: 13822, 13823, 13824, 13825, 13826, 13827, 13829, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22788	3339.22788.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$121,363
7445	3339.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$125,000
3339	3339.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	80	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	240	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	216	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Coverage Areas
KwaZulu-Natal
Eastern Cape
Free State
Gauteng
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4632.08	**Mechanism:**	N/A
Prime Partner:	South African Clothing & Textile Workers' Union	**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:	7934.08	**Planned Funds:**	$450,000
Activity System ID:	13820		

Activity Narrative: SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) has a comprehensive HIV program that has received PEPFAR funding in the past through a sub-agreement with the Solidarity Center. In FY 2007, SACTWU received direct PEPFAR funding for prevention, care and treatment activities, with the prevention and care program focused in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. The treatment program is currently limited to KwaZulu-Natal, but will add activities in Free State and Western Cape in FY 2008. The emphasis areas are gender, human capacity development, local organization capacity building, and workplace programs. The target population of the overall program is factory workers.

BACKGROUND:

The Southern African Clothing and Textile Workers Union is South Africa's largest trade union supporting textile and clothing workers. It also supports footwear, leather and retail workers. Hence, SACTWU members form part of the employed population. SACTWU has a membership of approximately 110,000 members nationally, of which 66 percent is female.

The SACTWU AIDS Project is a national program that provides services in five provinces. The SACTWU AIDS Project was initiated in 1998 and developed a national comprehensive program. It has matured over the years to the point where it now has a well-structured comprehensive training program, provides in-house voluntary and counseling services, provides access to a social worker in KwaZulu-Natal, runs income-generating workshops, provides a primary package of care through the voluntary and counseling testing service, and provides home-based care through its regional nurses and a home-based care network in KwaZulu-Natal.

SACTWU initiated a pilot antiretroviral therapy program in the KwaZulu-Natal province as a public-private partnership (PPP) with the Department of Health in FY 2007. SACTWU utilizes South African government protocols. SACTWU has designed confidentiality protocols as well as client care flowcharts, and is working closely with the King Edward VIII Hospital in Durban to ensure a formal confidential referral system via a public-private partnership.

ACTIVITIES AND EXPECTED RESULTS:

SACTWU will contract medical practitioners to provide treatment services as per the South African guidelines and eligibility criteria. Lay counselors or field workers will be employed (one per site) as well as one contracted social worker per site to serve as part of the multidisciplinary team. The long-term goal will be to develop a partnership with the public sector to replicate the model developed with the King Edward Hospital where the clients are prepared for initiation of treatment (which includes laboratory tests, and adherence counseling sessions), then referred to King Edward VIII Hospital for the initiation of treatment, and then down referred back to SACTWU once stable. The South African government will provide the antiretroviral drugs for the program. Patients will be identified for the program through the counseling and testing program, in one established site and two new rural sites in KwaZulu-Natal. In addition, patients will be referred from the existing SACTWU home-based care program, factories and the Bargaining Council Clinic in KwaZulu-Natal. In partnership with the Dream Centre in Durban, patients will have access to step-down care.

The aim in FY 2008 is to train shop-stewards and volunteers as home-based carers. This training will be done in collaboration with a Belgian-based trade union (ABVV), which supports the clothing, textile and leather sectors in Belgium. This is a long-standing cooperation relationship.

In FY 2008 this pilot will be expanded to two additional sites in KwaZulu-Natal. In addition to the two new sites in KwaZulu-Natal, SACTWU will also add a site in the Free State (a mobile clinic), and one in the Western Cape.

The services provided, beyond the standard counseling and testing, palliative care, and ART (as piloted in KwaZulu-Natal), will be expanded to include a pediatric ART component. This will be done by strengthening the family-centered approach to ensure that workers in the factories have the opportunity to bring their children for HIV care and treatment. In addition the new site in Western Cape will focus specifically on ensuring HIV care and treatment for TB patients (due to the high prevalence of TB in that area).

The SACTWU activities support the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7934

Related Activity: 13818, 13821, 13819

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22864	7934.22864.09	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	9808	4632.09		$309,476
7934	7934.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	$510,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13818	7933.08	6624	4632.08		South African Clothing & Textile Workers' Union	$125,000
13821	13821.08	6624	4632.08		South African Clothing & Textile Workers' Union	$300,000
13819	7932.08	6624	4632.08		South African Clothing & Textile Workers' Union	$1,000,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	5	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,550	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,340	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	15	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4748.08	**Mechanism:**	N/A
Prime Partner:	Health Science Academy	**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:	8242.08	**Planned Funds:**	$850,000
Activity System ID:	13768		

Activity Narrative: SUMMARY:

Health Science Academy (HSA) is a new FY 2007 PEPFAR partner. HSA will increase access and the availability of safe and effective drug treatment through human resource development, with a specific emphasis of pharmacists and pharmacist assistants. HSA aims to substantially increase the number of South African healthcare workers with the appropriate knowledge, skills and attitudes to support substantial rollout of antiretroviral treatment (ART). The major emphasis areas are human capacity development and local organization capacity building. The primary target population for this project is healthcare professionals, such as doctors, nurses, pharmacists and pharmacist assistants, as well as community-based healthcare workers and caregivers.

BACKGROUND:

HSA is a South African training institution, accredited with the South African Pharmacy Council, providing training in the pharmaceutical sector. HSA is a training provider to the National Department of Health (NDOH), provincial Departments of Health and the pharmacy profession in the private sector. PEPFAR funding will be utilized to scale up the existing HSA training activities. The project will be implemented on a national and provincial level, and will expand on the already existing relationship between HSA and the National Department of Health and respective provincial human resource departments. The proposed training programs have already been developed and this, in conjunction with the existing NDOH contracts, will allow the proposed training to be fast-tracked. In line with HSA's past practice, learners will be recruited with an emphasis on gender and racial representation and will give preference to women wanting to register for the national qualification, providing increased access to income for this group.

ACTIVITIES AND EXPECTED RESULTS:

The project will deal predominantly with the training of healthcare professionals in the public sector in order to increase capacity, enhance the skills of existing staff and increase the number of skilled staff available. In addition the project will also attempt to leverage existing private sector pharmacists in the provision of adherence counseling for patients on ART and expand the role of community workers. The overall goals of these training activities are: 1) increased ability in the public sector to dispense antiretroviral drugs (ARV); 2) increased access to HIV care and treatment; 3) increased capacity in the public sector to adequately manage the supply chain; and 4) improved adherence support in the provision of adherence counseling, monitoring and evaluation. The following training courses will be offered:

ACTIVITY 1: Adherence Counseling

This activity will increase the role of the pharmacist and pharmacist assistant in both the public and private sector with respect to counseling and monitoring of adherence to treatment regimens. The training is offered as a competency-based training course facilitated by a two day workshop. Workshops will be offered in each province and will be available to both the public and private sector (e.g. NGOs, FBOs, private clinics, etc.) providing HIV care and treatment services.

ACTIVITY 2: Supply Chain Management

This activity deals specifically with drug supply management and will improve the capacity of the public sector in providing access to safe and effective drug treatment through good distribution practices. The program will enhance the skill of existing staff in the public sector, such as nurses, pharmacists and other personnel involved in the procurement and supply of medicines. The course is offered as a competency-based training course facilitated by a two day workshop. Workshops will be offered in each province along with the option to do cascade training at a provincial level.

ACTIVITY 3: Dispensing

This activity deals with the provision of dispensing training for all authorized prescribes in the public sector as specified by the Medicines and Related Substances Control Act 101 of 1965. This is a distance learning program that will provide healthcare providers in under-serviced areas access to the training, specifically clinic nurses who require a dispensing license in order to dispense in ARV clinics. A half day orientation workshop is offered to nurses and doctors in the public sector who are registered in this course.

ACTIVITY 4: Pharmacist Assistants

This activity will train pharmacist assistants on a national qualification accredited by the South African Pharmacy Council, based on unit standards in line with the regulated scope of practice of a pharmacist's assistant. This activity will increase the pool of pharmacist assistants available to the public sector ART programs by training people living with HIV and other school leavers as pharmacist assistants. This activity requires that learners be employed in a pharmacy for on-the-job skills training and includes modular assessment of the learner. Workshops will be made available for groups requiring additional training or tutoring.

ACTIVITY 5: Community-Based Care for People Living with HIV

This activity will train a core group of community health workers as ancillary health workers offering community-based care for people living with HIV. Particular emphasis will be placed on extending the role of the community-based health worker with regard to pharmacological aspects of ART such as monitoring adverse effects and compliance. The training program provides a national certificate and comprises practical onsite skills training facilitated by workshops.

Study material for all the activities has been developed by leading experts in relevant specialties and the course content is continually updated and refined to meet the needs of the individuals being trained.

Health Sciences Academy will introduce two new courses from clent request: Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) and Pharmacovigilance. In addition, further trainings will be given in supply chain management. These courses will have to be revised to meet the criteria of the

Activity Narrative: Council forHigher Education.

The above activities address the 2-7-10 PEPFAR goals by developing capacity with regard to supply chain logistics and pharmaceutical management to improve the quality of ART services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8242

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23067	8242.23067.09	HHS/Centers for Disease Control & Prevention	Health Science Academy	9887	4748.09		$970,905
8242	8242.07	HHS/Centers for Disease Control & Prevention	Health Science Academy	4748	4748.07	New APS 2000	$500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,475	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	6134.08	**Mechanism:**	N/A
Prime Partner:	Toga Laboratories	**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:	12329.08	**Planned Funds:**	$218,000
Activity System ID:	13841		

Activity Narrative: SUMMARY:

Toga Integrated HIV Solutions is a new PEPFAR partner awarded funding in July 2007. The aim of Toga is to establish a network of HIV monitoring laboratories and associated service access tools to resource constrained ARV treatment settings. This activity is focused specifically on building treatment and monitoring capacity by training healthcare professionals in HIV management, as well as providing systems for the monitoring of patients on antiretroviral therapy.

With FY 2008 funding, Toga will train doctors in the implementation of antiretroviral therapy (ART) (Kimera course in advanced ART), targeted at clinical support. This program area will emphasize training, with the target population being health care providers, in particular doctors (private and public). The training will follow National and PEPFAR guidelines. It is anticipated that this program area will twin with other PEPFAR partners. In this regard training will be coordinated so as to coincide with Togatainer deployment sites. Togatainers are movable, prefabricated laboratories, placed in settings that will allow for improved laboratory monitoring for the initiation and management of patients on ART. The selection of suitable settings is ongoing and tentative at the time of this submission, as funding has only been awarded in July 2007.

BACKGROUND:

The training activities of Toga, carried out by Kimera Solutions, a sub-program within the Toga umbrella organization, is an ongoing service and has been honed on the demand for rapid scale-up of clinical capacity. The course consists of a two-day workshop in conjunction with self-study material. Training activities will be aimed at senior healthcare professionals in the vicinity of Togatainer deployment sites. Once sites have been selected doctors will be invited to attend training courses. Continued clinical support will be provided subsequent to the training. The activities associated with training will be coordinated with interested health departments. It is anticipated that the training of doctors will enhance access to services for rural and peri-urban women and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

The training is targeted at healthcare professionals in the public and private/NGO sector, with the aim to provide healthcare professionals involved in the rollout of ARV treatment with a more advanced level of knowledge and insight into the treatment of HIV. The course covers the following dimensions of ART: starting ART, laboratory monitoring, treatment regimens, ART-associated adverse effects, changing treatment, adherence, tuberculosis, pregnancy, pediatrics, operational preparation, ART implementation and treatment success.

ACTIVITY 2: Clinical Support

The training of healthcare professionals is followed in programmatic sequence with clinical support. This component is of vital importance particularly at the initiation and in the early phases of an ART program rollout. The clinical support comprises an electronic decision support service, as well as a telephonic support line run by our clinical consultants. Clinical support is seen as an important educational reinforcement of the initial training.

ACTIVITY 3: White Rabbit (WR)

Toga will deploy 40 White Rabbit electronic requesting and reporting systems for use in conjunction with the laboratory service to produce cumulative patient reports on laboratory measurement. The WR system has been developed by Toga to integrate HIV disease measurement events over time against unique patient identity. The WR system is currently being deployed at selected PEPFAR partner sites. With direct funding, deployment will extend to clinics and general practitioners in the vicinity of each Togatainer (within a radius of approximately 30km to 50 km, depending on the setting). The activity will be coordinated by Toga with selected Togatainer placement sites, selected clinics and doctor's practices as well as interested local government structures.

Deployment of the WR electronic requesting and reporting system will entail: (a) A detailed site assessment to understand the site and patient workflow, including user information, training and technical requirements as well as existing patient numbering systems. Should a client not have a unique patient numbering system in place, advice and guidance is provided to establish a Primary Unique Patient Identifier (PUPI); (b) Provision of computer hardware where none exists or where hardware is of inadequate capacity; (c) Implementation of the WR system, which includes software and logistics support. The WR electronic requesting and reporting environment produces historically consolidated laboratory reports, enabling clinicians and other healthcare workers to assess the patient's laboratory measurement at a glance. The WR system integrates with the Toga laboratory information management system, allowing near real time access to patient results. The WR is considered a key enabler of the MeTRo (Measure To Roll Out) principle as a means of rolling out treatment capacity. In monitoring HIV-infected patients on treatment the availability of viral load test results at specific sites empowers other cadres of healthcare personnel to make management decisions. In patients who are well controlled on ARV therapy down referral to peripheral clinic are facilitated, thus decreasing the load on a central clinic or doctor. Should laboratory results of peripheral patients suggest up-referral this decision can be made by a nurse, based on a laboratory result. This fulfils an objective of the WHO down-referral strategy.

These activities support the 2-7-10 PEPFAR targets in South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12329

Related Activity: 13842

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22834	12329.22834.09	HHS/Centers for Disease Control & Prevention	Toga Laboratories	9802	6134.09		$0
12329	12329.07	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6134	6134.07		$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13842	12307.08	6630	6134.08		Toga Laboratories	$2,041,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food	$75,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1201.08

Mechanism: QAP

Prime Partner: University Research Corporation, LLC

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: 3108.08

Planned Funds: $1,463,800

Activity System ID: 13875

Activity Narrative: SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will work with 65 South African Department of Health (DOH) antiretroviral therapy (ART) sites in 5 provinces (Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West) to improve provider and patient compliance with ART treatment guidelines and improve the delivery of quality ARV treatment services to HIV clients. The essential elements of QAP support include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The emphasis area for this activity is human capacity development. The activity targets public and private health care workers, and people living with HIV (PLHIV).

BACKGROUND:

URC/QAP is currently training healthcare providers in 25 DOH ART service delivery sites in the use of QA tools and approaches for increasing compliance with ART guidelines. URC/QAP has developed a number of QA tools for healthcare facilities offering ART services. URC/QAP will increase the number of DOH ART-accredited facilities that it supports in the five provinces to improve the quality of care provided to all clients on ART. To strengthen HIV and AIDS services at facility level, URC/QAP plans to enhance community-based support for ART patients to ensure treatment adherence and active facility-based quality improvement using QA tools and approaches. In addition, URC/QAP will hire sessional medical staff in facilities in the 5 provinces to provide ART services. These providers will serve as mentors to DOH staff for six months to a year. This strategy will create local capacity to provide treatment services over time. URC/QAP will assist healthcare facilities to develop operational strategies to improve the care, treatment and follow-up of children and adolescents on ART. URC/QAP will also capacitate local community-based organizations (CBOs) and home-based care organizations (HBOs) to integrate QA tools and approaches for improved quality of their home-based case management and follow-up of ART patients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Facility-level Quality Improvement Teams

URC/QAP will work with provincial DOH facilities to identify a core team representing staff from ART and other service providers. Based on a review of better practices, the facility-based teams, with support from URC/QAP coordinators and other district staff, will be responsible for developing and implementing plans for improving the quality of ARV services as well as the continuum of care for patients on ART. Each facility team will be responsible for conducting periodic assessments to identify quality gaps in screening, treatment and follow-up of PLHIV on ARV treatment. These assessments will be used to design interventions for improving the quality of specific services. The assessments will use QAP-developed (based on the national guidelines) patient chart audits, patient-provider observations, interviews with providers, patients and care givers, among others.

URC/QAP will assist facility teams in developing and implementing strategic plans for expanding access to and improving the quality of ART services, in line with national guidelines. The key elements of the plan will include training, infection control and prevention, patient information, nutrition support and counseling, community involvement, follow-up system at treatment and other levels of care, use of data at facility level, and monitoring and evaluation of the program.

ACTIVITY 2: Training

Additional ART service providers and other staff will receive training in the provision of high quality ART services in FY 2008. URC/QAP will strengthen the supervision and support systems at community, facility, district and provincial levels. In addition, URC/QAP will provide job-aids/wall charts to improve compliance with clinical and counseling guidelines. URC/QAP will also work with facility staff, CBOs/HBOs and PLHIV associations to develop strategies for identification and referral of ARV defaulters as well as provision of treatment support to PLHIV on ART in their community, reducing loss of clients to follow-up. URC/QAP will visit each DOH facility/CBO/HBO at least twice a month to provide onsite mentoring and support to staff.

ACTIVITY 3: Human Capacity Development

URC/QAP will assist staff to provide family-centered and pediatric ART services. Within existing ART programs there is an identified need to strengthen pediatric ART care. In FY 2008, URC/QAP will expand these programs to ensure that ART accredited sites as well as sites providing follow-up care to pediatric and adult patients are capacitated to incorporate pediatric care and treatment into existing ART programs. Training will be provided to facility staff to ensure that ART programs are family-centered, enabling parents, children and other dependents to have access to HIV care and treatment services. In addition, emphasis will be placed on training facility staff to recognize the value of wellness programs for PLHIV, of which prevention with positives (PWP) is a key component. Wellness programs are essential to ensure that PLHIV not eligible or ready for ART are retained within the health system to enable regular follow-up and review of client ART eligibility. URC/QAP is developing linkages with these NDOH ART programs to target health facilities and HBO programs for adherence support. This process will continue in FY 2008, with expansion at QAP-supported facilities within all 5 priority provinces. Finally, URC/QAP will train facility and CBO/HBO staff in analyzing performance and quality indicators.

URC/QAP will recruit physicians and nurses to provide ART services at facilities in 5 provinces, this will increase the human capacity available at each facility and increase the number of HIV clients that are able to receive ART and other services. These providers will serve as mentors to local DOH clinical staff. This strategy will help in building capacity of local staff in providing ARV as well as high quality follow-up services.

URC/QAP will continue to train district and facility-level supervisors in QA methods and facilitative supervision techniques to improve the quality of ART services. URC/QAP has contributed to the development of the continuum of care for PLHIV policy document currently under development by the NDOH and will continue to support its development and implementation. URC/QAP will conduct quarterly assessments in each DOH facility, CBO, and HBO to assess compliance with national ART guidelines.

Activity Narrative:

ACTIVITY 4: Referrals and Linkages

URC/QAP will facilitate linkages to treatment for eligible PLHIV. All facility staff will be trained in national guideline compliance, QA methods specific to ART programs, and developing and implementing quality-specific improvement plans. These improvement plans include process redesign, integration of services, and enhancement of network development to improve referral patterns. URC/QAP has prioritized plans to strengthen the approach and referral of HIV-infected pregnant women and their infants from PMTCT programs to ART programs, with a well-functioning down referral system, and will continue to promote and expand these linkages. In addition, URC/QAP plans to strengthen linkages from OVC programs to routine maternal and child health services and ART programs. URC/QAP will also assist the DOH to scale-up best practices for ART referrals.

URC/QAP work contributes to the PEPFAR 2-7-10 goals by improving access to and quality of ART services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7428

Related Activity: 13871, 13872, 13873, 13874, 13876

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23892	3108.23892.09	U.S. Agency for International Development	University Research Corporation, LLC	10307	1201.09	HCI	$873,814
7428	3108.07	U.S. Agency for International Development	University Research Corporation, LLC	4415	1201.07	QAP	$1,240,000
3108	3108.06	U.S. Agency for International Development	University Research Corporation, LLC	2713	1201.06		$655,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13871	3111.08	6639	1201.08	QAP	University Research Corporation, LLC	$485,000
13872	3109.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,000,000
13873	3110.08	6639	1201.08	QAP	University Research Corporation, LLC	$751,750
13874	3114.08	6639	1201.08	QAP	University Research Corporation, LLC	$446,200
13876	13876.08	6639	1201.08	QAP	University Research Corporation, LLC	$727,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	9,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	65	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Indirect Targets

URC/QAP will ensure that both current and newly initiated clients receive quality clinical and counseling services. QAP conducts training with staff at facilities, as well as work with the district and provincial teams who support the staff. On-the job mentoring, job aids and support will be offered in the districts URC/QAP works in. Through training done at the facilities and strengthening of the district health teams, URC/QAP is indirectly contributing higher quality ARV service delivery. URC/QAP will begin to move into direct service delivery over the next few years by visiting each facility at least twice a month to provide on-the-job mentoring and support to healthcare staff.

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

North-West

Northern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 242.08 **Mechanism:** ACCESS

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 2939.08

Activity System ID: 13781

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: $4,293,000

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO is changing in October 2008 therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under HTXS are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

SUMMARY:

JHPIEGO's activities support efforts by the National Department of Health (NDOH) and public sector antiretroviral therapy (ART) sites in Gauteng to ensure access to and quality of ART services. The emphasis areas include human capacity and development (including task shifting for nurse managed ART services), and local organization capacity building. Specific target groups include people living with HIV (PLHIV).

BACKGROUND:

JHPIEGO has been working with the NDOH since FY 2004 to improve institutional capacity through training and dissemination of national HIV and ART guidelines and through support of a treatment technical advisor to the NDOH. In FY 06 and FY07, JHPIEGO partnered with the Foundation for Professional Development (FPD) (a PEPFAR-funded partner) to initiate a standards-based management and recognition approach for improving ART services. In FY 2008, JHPIEGO will continue to implement these interventions, aimed at improving access to and quality of HIV and AIDS service delivery. In FY 2007 JHPIEGO supported implementation of the NDOH's model for nurse-initiated and managed ART through an approach that will encourage a healthcare culture supportive of nurse-initiated and managed ART; a policy environment that will ensure that these frontline nurses have the training, funding, and ongoing support they require; and ensure that South African training institutions are strong partners in the efforts to achieve the ambitious targets set in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 for increasing the proportion of adults and children started on ART by nurses. These activities will continue in FY 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Performance Standards

Standards-based Management and Recognition (SBM-R) is a practical management approach for improving the performance, efficiency and quality of health services. It consists of the systematic utilization of performance standards as the basis for the implementing organization and related service delivery. Compliance with standards is recognized through formal mechanisms and is in line with NDOH standards and guidelines. In FY 2005 and FY 2006, JHPIEGO developed detailed performance standards for ART and introduced this process at four FPD-supported ART sites. Performance standards focused on twelve different areas of ART service delivery including pre-treatment, treatment commencement, and management of complications for both children and adults; pharmacy services; laboratory services; information, education and communication; health information systems; infrastructure; and human resources.

Based on the initial work by the South African Government in FY 2007, JHPIEGO will support scale-up of this process to other NDOH sites in the Northern Cape, especially those where ART will be integrated into primary healthcare services. JHPIEGO will coordinate with other PEPFAR treatment partners in the accreditation process. JHPIEGO will support scale-up of SBM-R for ART in the Gauteng province, or other provinces as requested by the NDOH. As a result of these interventions, access to and quality of ART services will improve for both children and adults.

ACTIVITY 2: Strengthening Nurse-Managed Antiretroviral Therapy and Comprehensive HIV and AIDS Services

In FY 2008, JHPIEGO will continue to support implementation of the NDOH's model for nurse-initiated and managed ART through an approach that will encourage a healthcare culture supportive of nurse-initiated and managed ART; a policy environment that will ensure that these frontline nurses have the training, funding, and ongoing support they require; and ensure that South African training institutions are strong partners in the efforts to achieve the ambitious targets set in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 for increasing the proportion of adults and children started on ART by nurses.

JHPIEGO proposes strengthening both in-service and pre-service education with a focus on training nurses and providing on-going support to ensure their competency in day-to-day management of patients on ART and identification and referral of treatment complications from the health center to district hospital level. This will relieve the heavy client burden on tertiary ART institutions resulting in improved access for current clients and more clients getting on ART.

ACTIVITY 3: Expand Provincial and District Capacity of Accreditation and Site Readiness

In FY 2008, JHPIEGO will continue to work with the National Department of Health to build the capacity of the national, provincial and district teams to accredit sites. Activities will include adaptation of the accreditation tools for primary health care level, training and onsite mentoring of teams. JHPIEGO will also work with the sub-district level teams by providing support for implementation of site readiness plans and work with other USAID treatment partners to assist them in receiving ART accreditation for their sites.

These activities will indirectly contribute to the overall PEPFAR objectives by ensuring sustainability and quality of ART services. Technical experts working with NDOH will indirectly contribute to increased access to treatment services through site accreditation, and standards-based management of services will indirectly increase access due to improved quality of service. These activities contribute the PEPFAR goal of putting two million people on treatment, and support the USG/SA Five-Year Strategy by building capacity for ART service delivery.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7629

Related Activity: 13779, 13782, 13780, 13783, 21086, 21095, 21089

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23179	2939.23179.09	U.S. Agency for International Development	JHPIEGO	9932	242.09	ACCESS	$0
7629	2939.07	U.S. Agency for International Development	JHPIEGO	4495	242.07	Capacity Building 1	$2,725,000
2939	2939.06	U.S. Agency for International Development	JHPIEGO	2638	242.06	Capacity Building 1	$480,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21086	21086.08	6605	242.08	ACCESS	JHPIEGO	$491,750
21095	21095.08	6605	242.08	ACCESS	JHPIEGO	$485,000
13780	7887.08	6605	242.08	ACCESS	JHPIEGO	$720,000
21089	21089.08	6605	242.08	ACCESS	JHPIEGO	$242,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	24	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	400	False

Indirect Targets

These activities will indirectly contribute to the overall PEPFAR objectives as technical experts working with NDOH will indirectly contribute to increased access to treatment services through site accreditation. Standards-based management of services will indirectly increase access due to improved quality of service.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2808.08	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	3334.08	**Planned Funds:**	$2,455,000
Activity System ID:	13868		

Activity Narrative: SUMMARY:

I-TECH carries out activities to support the expansion of HIV and AIDS, tuberculosis (TB) and sexually transmitted infection (STI) care and treatment in the Eastern Cape (EC) through on-the-job clinical training/mentoring activities. The primary emphasis area for these activities is human capacity development; minor emphasis areas are strategic information and local organization capacity building. The primary target populations are doctors (public and private), pharmacists (public), and nurses (public)

BACKGROUND:

I-TECH has been working in the EC since 2003 to develop the capacity of clinicians in the care and treatment of HIV and AIDS, TB and STI. The activities described here were first funded by PEPFAR between FY 2004 and FY 2007. The EC Department of Health (ECDOH) specifically requested I-TECH to conduct on-the-job training and mentoring to augment didactic trainings conducted by the Eastern Cape Regional Training Centre (ECRTC) and other professional training organizations in the EC, as well as the placement of I-TECH mentors in the EC for longer periods of time (i.e., six to twelve months) to allow ongoing mentoring. Treatment/ARV Services activities were and will continue to be largely implemented by I-TECH's subcontractor, the University of California at San Diego (UCSD) Owen Clinic. I-TECH central office (Seattle) and South Africa country staff have and will continue to provide oversight and logistical support related to this activity.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Building and Program Sustainability: In-country Intensive Mentoring of the ECRTC Clinical Team

This activity continues the work begun in FY 2004 to mentor the EC RTC clinical teams in-country. FY 2008 PEPFAR funds will continue to support I-TECH's intensive mentoring model of the ECRTC's medical teams on a limited basis as the ECRTC medical teams' clinical care and mentoring capacities have improved. It is expected that up to three new RTC clinical team medical officers will be mentored by experienced ECRTC clinical team members and by year-round I-TECH UCSD mentors (see Activity 3). Specific activities for which FY 2008 PEPFAR funds will be used are itemized in Activity 2; Activity1 will occur simultaneously with Activity 2.

ACTIVITY 2: Human Capacity Building: Educational support of EC clinicians via in-country clinical training/mentoring and monitoring

In FY 2008 I-TECH and UCSD mentor teams will be placed in the EC year-round to mentor the two full-time I-TECH clinical mentors (see Activity 6 below), the I-TECH mentoring coordinator (see Activity 4), and health care workers (HCW) in EC clinics (includes clinics targeted and not targeted by the ECRTC in their FY 2008 plan). The I-TECH and UCSD mentor teams will include one to two clinical mentors: up to six infectious disease or HIV fellows spending a minimum of two months during each rotation, and up to six expert UCSD HIV faculty physicians, pharmacists or nurse practitioners spending a minimum of a month during each rotation. FY 2008 funds will support UCSD Owen Clinic administrative staff time, and the salaries, travel, lodging and expenses for the Owen Clinic mentor teams. I-TECH UCSD mentors and the Owen Clinic Director will visit the Mpumalanga regions to provide clinical mentoring (see Palliative Care; HIV/TB). Depending on the results of I-TECH's Limpopo Needs Assessment, clinical mentoring may be provided in this province (see Other Policy/Systems Strengthening). Up to six mentors are allocated for these two activities.

ACTIVITY 3: Sustainability: Mentorship Coordinator

This activity began in FY 2007 whereby PEPFAR funds were used to hire a local mentorship coordinator in the EC to plan and coordinate the in-country logistics and support for the UCSD clinical mentors, and provide clinical mentoring to Eastern Cape HCW. In FY 2008, funds will be used to pay the coordinator's salary and in-country travel expenses, as well as one trip to the UCSD Owen Clinic for intensive mentoring.

ACTIVITY 4: Human Capacity Building and Sustainability: Precepting senior level EC clinicians at the Owen Clinic

This activity began in FY 2004 whereby PEPFAR funds were used to support the air travel, lodging and per diem of committed EC clinicians to travel to the Owen Clinic for a two-week intensive training on systems of care and clinical management. The intent of this activity is to develop EC clinician leadership to champion HIV treatment issues through the further development of clinical skills, and increased knowledge of systems of care and quality improvement methodologies. FY 2008 funds will support the air travel, lodging and per diem to intensively train 2 ECRTC health care workers, the mentoring coordinator (see Activity 3), and the two full-time I-TECH South Africa doctors for two weeks each at the Owen Clinic on systems of care and clinical management issues (see Activity 6).

ACTIVITY 5: Human Capacity Building: Distance-based ongoing clinical consultation

This activity was first funded by PEPFAR in FY 2005. During UCSD/ECRTC trainings, EC clinicians are encouraged to contact the RTC team for clinical consultation as needed, who then forward the query and response to the UCSD Owen Clinical mentors for additional guidance before delivering their consultative advice. Achievements toward FY 2007 goals include the provision of 48 distance consultations to Eastern Cape HCW in the first months of FY 2007. In FY 2008, PEPFAR funds will support UCSD consultants' time (a portion of salaries) related to the time spent fielding consultations; estimated at five consults per week.

Activity 6: Human Capacity Building and Sustainability: Developing the treatment and mentoring capacity of two in-country clinical mentors

I-TECH's FY 2008 activities will be expanded to hire and mentor two doctors as full-time I-TECH mentors in the EC. Funds will be used to pay the doctors' salaries for twelve months and in-country travel expenses, as well as one trip each to the UCSD Owen Clinic for intensive mentoring.

Activity Narrative:

ACTIVITY 7:

Funds will be used to support pharmacovigilance capacity building. Health care workers will be trained on filling out the South African government forms for pharmacovigilance. Routine meetings will also be held with health care workers to highlight issues of data quality and interpretation of the data from the routine reporting for pharmacovigilance. The objective of this activity it to ultimately improve the quality of care that patients receive in public sector facilities.

By training a large cadre of healthcare workers to provide ARV services, I-TECH will contribute to the PEPFAR goal of providing treatment to 2 million people by increasing access to quality HIV/AIDS/TB/STI care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7491

Related Activity: 13867, 13869, 14052

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22682	3334.22682.09	HHS/Health Resources Services Administration	University of Washington	9761	2808.09	I-TECH	$776,724
7491	3334.07	HHS/Health Resources Services Administration	University of Washington	4439	2808.07	University of Washington/I-TECH	$800,000
3334	3334.06	HHS/Health Resources Services Administration	University of Washington	2808	2808.06		$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13867	12464.08	6637	2808.08	I-TECH	University of Washington	$679,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
13869	3335.08	6637	2808.08	I-TECH	University of Washington	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	2,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	60	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	240	False

Indirect Targets

I-TECH provides training and mentoring to indirectly support an estimated 2000 persons on ART.

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Mpumalanga

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4763.08
Mechanism: N/A
Prime Partner: Xstrata Coal SA & Re-Action!
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: 8260.08
Planned Funds: $1,320,000
Activity System ID: 13911

Activity Narrative: SUMMARY:

Xstrata is a new PEPFAR partner, which received funding in FY 2007 for a public-private partnership with the Mpumalanga Department of Health (MPDOH). The implementing partner for this is Re-Action! Consulting (RAC). RAC will facilitate a co-investment partnership with Xstrata to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services in one district of Mpumalanga, extending into a second district during FY 2008. The project will build on a public-private mix model for strengthening HIV and TB service delivery that Xstrata and RAC has already begun to implement in the province with funding from Xstrata (dollar for dollar match with PEPFAR).

Xstrata and RAC will work through established partnerships with local government, MPDOH, community groups and private providers. Project deliverables have been defined in response to specific requests for assistance from the MPDOH. Major emphasis will be given to development of human capacity development, local organization capacity building and strategic information. The target populations are underserved communities of men, women and children and people living with HIV and AIDS in Nkangala District, extending to a second district during FY 2008, where Xstrata Alloys has its operations.

BACKGROUND:

Xstrata Coal is a subsidiary of a multi-national mining group committed to practical ways of achieving sustainable development and contributing to the health and social welfare of employees and their communities. The company employs 4,000 people at 11 mines (collieries) located within the socio-economically deprived Coal Powerbelt region of Mpumalanga. Xstrata Alloys has more than 10,000 employees with operations in 3 provinces (Mpumalanga, Limpopo, and North West) and Swaziland. This funding partnership enables scaling up the community extension component of Xstrata's comprehensive workplace HIV and AIDS program that is managed by RAC. The project is based on implementing a public-private mix service-strengthening model of capacitating government providers within primary care clinic sites to deliver HIV-related preventive, clinical and psychosocial care services. FY 2008 funding will allow continued support to sites established in FY2007 (working towards full site accreditation) and to expand the number of sites within two target districts. The scope of assistance is defined within a Memorandum of Understanding between Xstrata and the Mpumalanga Department of Health and Social Services (MPDOH), and responds to specific requests for support by the provincial department's HIV and AIDS Unit, as well as the district management teams. This fits within a broader range of interlinked corporate social investments being made by the Xstrata Group to support sustainable local development in these communities.

The project will provide technical assistance, health workforce capacity development, clinic infrastructure improvements, strengthening of pharmaceutical supply management systems and service monitoring for public sector primary care clinics to deliver quality HIV-related preventive and clinical care services. This will contribute to strengthening district-level primary health care service networks and district service management, with a strong focus on improving human resource capacity, including through training and deploying community outreach workers to deliver household-level services. The project works in partnership with other PEPFAR partners in the province to achieve synergies and avoid duplicating activities.

ACTIVITIES AND EXPECTED RESULTS:

Four activity areas will be implemented to strengthen and scale up antiretroviral treatment provision at government health care sites within two districts of Mpumalanga. Service improvement plans will be implemented at each site based on specific service strengthening needs that are identified and agreed with District Management Teams and facility managers. This will result in these clinics being accredited by the Department of Health as antiretroviral treatment sites (for 'down-referral' and/or treatment initiation) with stronger links to referral-level facilities. Referral linkages with antenatal clinic services will be improved to ensure continuing care of infected mothers and their children. Activities at Witbank Hospital will be coordinated with the Foundation for Professional Development (a PEPFAR partner).

Discussions are also underway with private companies to commence activities in the Northern Cape.

ACTIVITY 1: Strengthening primary health care and district hospital delivery of HIV-related treatment and related clinical care services

A multi-skilled RAC Service Strengthening Team will undertake a detailed situation analyses (together with the district management team) within each target sub-district to identify specific service strengthening needs and prioritize sites for accreditation/down-referral. Service improvement plans will be developed to systematically address these needs. Strong linkages will be created between these first-level sites and second-level facilities for appropriate referral of patients and 'down-referral' of treatment, where necessary. Services will be improved overall to ensure that HIV-infected adults and children attending these sites have access HIV-related treatment, care and support interventions and that these services are appropriately integrated into routine primary care services, so that service capacity is strengthened overall.

Physical upgrades to clinic infrastructure will be undertaken through Xstrata co-investment and essential equipment will be procured. Health information management systems and patient monitoring systems will be strengthened through in-service training, technical assistance and procurement of equipment where necessary.

Trained and supervised community outreach workers will be deployed to undertake household-level health risk assessments (with particularly emphasis on reaching women and children) and provide referrals for HIV treatment, treatment literacy, follow-up and adherence support within households and to recover treatment defaulters.

Health worker training needs will be addressed through suitable in-service training delivered in collaboration with other PEPFAR partners, based on national standards and integrated management approaches. Technical assistance and training will be provided to improve public sector human resource management capacity so that health workers can be more effectively recruited to fill vacant positions at these sites. Critical staff positions will be filled to ensure that HIV treatment services are not compromised. Appropriate

Activity Narrative: task-shifting will be encouraged.

ACTIVITY 2: Direct HIV care and antiretroviral treatment provision

A multi-disciplinary care team will continue scaling up delivery of chronic HIV care and treatment at the selected clinics in the province. MPDOH sites will be assisted with human resource capacity to deliver HIV services for patients initiated and already on antiretroviral treatment. Antiretroviral drugs to eligible community members at these sites will be provided by the MPDOH through a down-referral mechanism. Access to TB diagnosis and treatment will be improved at supported sites by implementing TB/HIV collaborative activities such as active HIV screening of TB patients for early ART initiation.

ACTIVITY 3: Community Support

Linkages with community-based service organizations (including faith-based organizations and non-governmental organizations) will be strengthened and all providers will be encouraged to participate in delivering their service tasks in more coordinated ways through the 'public-private mix' approach (which RAC will support district management teams to oversee). Peer support groups will be established at all sites and linkages to the community will be strengthened through community outreach services.

Community outreach workers will assist with patient retention in treatment programs by conducting home visits to assess why patients are defaulting on clinic visits and make appropriate referrals.

Sustainability of this activity area for ongoing support to deliver antiretroviral treatment is assured through the public-private partnership (PPP) between Xstrata and the Mpumalanga Department of Health.

By providing support for HIV treatment in underserved communities, Xstrata is contributing to the 2-7-10 PEPFAR goals.

With FY 2008 reprogramming funds, RAC will expand support for comprehensive HIV care and treatment services in an additional district in Mpumalanga (Gert Sibanda), and also expand the public-private mix model in 3 new provinces (Limpopo, North West and Northern Cape).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8260

Related Activity: 13909, 13910

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22731	8260.22731.09	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	9779	4763.09		$631,088
8260	8260.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	$827,284

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13909	8257.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$1,348,000
13910	8258.08	6648	4763.08		Xstrata Coal SA & Re-Action!	$832,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	8	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,980	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Mpumalanga

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	271.08	**Mechanism:**	N/A
Prime Partner:	Right To Care, South Africa	**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:	9453.08	**Planned Funds:**	$29,554,000
Activity System ID:	13797		

Activity Narrative: SUMMARY:

Right to Care (RTC) will use FY 2008 PEPFAR funds to strengthen the capacity of healthcare providers to deliver ARV treatment (ART) services to eligible HIV-infected individuals in five provinces. Emphasis will be placed on increasing the number of HIV-infected children and pregnant women on ART. The emphasis areas are renovation, gender, human capacity development, and local organization capacity building. The primary target populations are people living with HIV (PLHIV), public and private healthcare providers.

BACKGROUND:

RTC's ARV Treatment (ART) services are a continuation of activities, which have been USG-funded since 2002. Originally initiated as a holistic education, testing, care and treatment program for the employed sector (called the Direct AIDS Intervention (DAI) program), RTC's ART activities have expanded their reach through a range of partnerships with government sites, private sector providers and NGO and FBO clinics and organizations. RTC is now reaching substantial numbers of people from predominantly vulnerable populations in five provinces. RTC's ART activities consists largely of support for the ART services of all of RTC's treatment partners, including its Thusong network of private practitioners, many government sites and NGO and FBO clinics and organizations. In addition, RTC itself implements the ART components of the DAI and other partnership workplace programs. ART training is conducted by RTC's Training Unit as well as by several sub-partners. With FY 2008 funding, RTC will expand its pediatric treatment, expand into a male-only clinic and increase its focus on reducing stigma and encouraging disclosure. RTC will consolidate and expand its support for government sites, NGO and FBO clinics and organizations and private sector programs, and build on past successes (over 22,500 people reached with ART by the third quarter of FY 2007).

ACTIVITIES AND EXPECTED RESULTS:

RTC will use PEPFAR funds to accelerate the implementation of the national rollout plan at government sites in partnership with the National Department of Health (NDOH). As the procurement of ARV drugs and lab services is undertaken by government in these sites, PEPFAR funds will be used to expand access to treatment. RTC has successfully negotiated for the NDOH to supply certain NGO and FBO sites with ARVs and laboratory services, freeing PEPFAR funds to support new treatment sites.

PEPFAR funds will be used for: (1) human capacity development and salaries (consultant and part-time healthcare workers) at all ART facilities: NGO and FBO clinics and organizations receive sub-awards for doctors, nurses, pharmacists and counselors, and a fee-for-service arrangement exists with the network of private sector service providers for the Thusong and private programs; (2) developing a training program for pharmacy assistants as human capacity development for the distribution of ARVs and HIV services; (3) addressing minor infrastructure needs where necessary at NGO, FBO and government sites, and to maintain RTC's mobile clinics; (4) NGO and FBO clinics use PEPFAR funds for the laboratory monitoring of HIV patients, as well as for the procurement of health commodities; and (5) covering the costs of labs for the new mobile clinic treatment program servicing remote communities in Mpumalanga, in collaboration with another PEPFAR-funded partner, FHI.

Down referral sites will be established with the Department of Health in Gauteng and Mpumalanga in FY 2007 for stable patients. Human capacity, minor infrastructure and training will be provided to these sites. A 'smart card' system is being developed with Therapy Edge and Supply Chain Management Service to track transfer of patient data.

RTC supports its ART providers by disseminating policies and guidelines and sharing best practices. Ongoing quality assurance and supportive supervision is undertaken by centralized treatment experts. RTC and several of its sub-partners will also provide training in ART services for health workers. In the delivery of medical ART services, doctors are given ongoing support in clinical decision-making, prescribing and case management by RTC's team of medical HIV experts, through RTC's Expert Treatment Program (ETP). The ETP management model enables primary healthcare providers to communicate directly with HIV experts. ETP uses a sophisticated web-based IT tool in the form of TherapyEdge, licensed to RTC, which enables the effective management of patients and includes a secure patient database. The Clinical Mentorship and Preceptorship Program (CMPP) will continue to enhance the provision of HIV care and clinical expertise across the intermediate levels of health care within the overburdened public healthcare system. Through human capacity development, increased numbers of people will receive care, support and treatment. The anticipated benefit of the mentorship program is the dissemination of training and knowledge gained by healthcare personnel in the urban academic site to rural and smaller sites around the country.

A new PPP, the AIDS Treatment Institute (ATI), is proposed with Vodacom and the DOH. Vodacom will provide all infrastructure requirements for a HIV care and treatment centre for indigent patients, with the DOH supplying all ARV and covering lab costs. PEPFAR funds will be used for training, human capacity development of necessary health care workers, and ongoing technical assistance. This clinic is targeted to provide treatment for 10,000 patients, care and support to 15,000 patients, CT to 40,000 individuals and prevention education to 100,000 in FY 2008. Vodacom, other private sector organizations and DOH will provide over 90% of support for this program, and PEPFAR funds will provide less than 10% of the PPP budget.

RTC will ensure that each ART patient at RTC-supported facilities receives a minimum package of ART services, including clinical and pathology monitoring, adherence counseling and support, and follow-up of defaulting ART patients. Adherence activities will include a focus on reducing stigma and encouraging disclosure in order to enhance drug compliance and to improve patient retention. Emphasis will be placed on increasing the number of HIV-infected children and pregnant women on ARVs according to the national treatment guidelines. Mobile clinics are used to bring ART services to farm workers and other vulnerable populations in rural areas of the Northern Cape and Mpumalanga.

To support the implementation of ART, adherence counseling and support is implemented through individual counseling, support groups and direct observed therapy, either clinic-based or community-based. In order to complement clinic staff, support is provided to at least one community-based care organization to partner with each treatment site. This team is tasked with monitoring patients' adherence, providing support

Activity Narrative: such as nutrition, wellness and welfare services, and providing home-based care services for those that are terminally ill. The team also provides referral services to clinics and in some cases, arranges transport or hospice services.

RTC anticipates opening a male-only clinic in partnership with the Clinical HIV Research Unit (CHRU) at Wits University. This clinic will focus on recruiting adult males from local industries dominated by males in the private sector as well as males from indigent populations. Patients in this clinic will receive ART services, clinical and pathology monitoring, with specific adherence and other support designed to meet the needs of men. Best practices on adherence and support as well as clinical care from this clinic will be shared with other RTC partners.

In FY 2008, RTC will contribute to increased patients on ART at various sites towards the PEPFAR treatment target of 2 million patients, and will train healthcare workers in ART services. RTC will support the PEPFAR vision outlined in the Five-Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9453

Related Activity: 13793, 13794, 13795, 13796, 14025, 13725, 13735, 13738, 15416

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22941	9453.22941.09	U.S. Agency for International Development	Right To Care, South Africa	9835	271.09		$19,341,122
9453	9453.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14025	8236.08	6687	4754.08		Mothers 2 Mothers	$6,775,000
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
13794	3276.08	6612	271.08		Right To Care, South Africa	$3,395,000
13795	2972.08	6612	271.08		Right To Care, South Africa	$1,616,000
13796	2974.08	6612	271.08		Right To Care, South Africa	$1,173,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13738	3290.08	6589	4502.08	Track 1	Columbia University Mailman School of Public Health	$4,446,000
13725	2927.08	6583	224.08	CTR	Family Health International	$970,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$1,000,000
Estimated local PPP contribution in dollars	$18,000,000

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	128	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	11,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	71,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	50,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Eastern Cape

Free State

Limpopo (Northern)

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 510.08

Mechanism: N/A

Prime Partner: Soul City

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: 3056.08

Planned Funds: $485,000

Activity System ID: 13812

Activity Narrative: SUMMARY:

Soul City is implementing a media and community-driven program to strengthen prevention, and increase awareness of and demand for HIV care and treatment services, including treatment literacy. There are two activities which target adults and children through training and community mobilization nationally. The emphasis areas gender, education, human capacity development and local organization capacity building.

BACKGROUND:

Soul City has received PEPFAR funding since FY 2005 to implement a comprehensive HIV and AIDS program that includes improving access to treatment and adherence counseling. Soul City has a long history of partnership with the South African Government (SAG), collaborating with the National Departments of Health (NDOH), Education (DOE), Social Development (DOSD), Transport, and Public Service and Administration, which includes financial support from NDOH, and potentially DOSD in the future. All Soul City interventions pay particular attention to addressing gender issues particularly those that are associated with driving the epidemic. These include power relations and gender violence. Violence reduction will be a particular focus of Soul City over the next five years as will those issues that promote violence such as substance abuse. There are 18 partner NGOs which currently implement training and community mobilization activities across the country.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Soul Buddyz Club

Based on the Soul Buddyz media intervention (described under Prevention), Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly at schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series and are encouraged to do outreach work in their schools, families and communities. The content focus of the clubs is mainly on prevention, but the Clubs offer a major opportunity to educate children on all aspects of antiretroviral treatment. These children then become peer educators as well as being able to support people in their communities on treatment. PEPFAR funding will be used to support approximately 80 percent of this activity, with other donors funding the remaining 80%. This activity will be implemented in partnership with the DOE at both a national and provincial level. This activity contributes towards PEPFAR objectives by promoting treatment literacy and treatment compliance.

ACTIVITY 2: Information, Education and Communication (IEC) materials

This activity relates to information and training materials for use in facilitated learning settings, as well as the general public. Soul City develops flexible training materials in five local languages. These deal with all aspects of the epidemic, in particular prevention stressing AB as well as antiretroviral treatment (ART) support and support for home-based care and orphans and vulnerable children. These materials are used by 18 sub-partner NGOs in a cascade training model. Through this training, trainees are given the support and skills with which to become mobilizers in their community. More than 200 training sessions will be conducted in FY 2008 with an average of 30 people per session. Soul City has produced the following treatment literacy materials: a booklet for people newly on ART; a booklet for healthcare workers providing ART; and a booklet for people who are caring for children on ART. In FY 2008 these materials will be updated and translated into other languages if necessary. At least 500,000 copies of these materials will be distributed through Soul City's training partners and to facilities providing ART, including PEPFAR partners. These materials are also distributed to health facilities, through a partnership with the Department of Health.

PEPFAR funding will be used to support approximately 70 percent of this activity, with other donors funding the remaining 30%. This activity addresses gender, stigma and discrimination and education with particular attention to building the organizational capacity and sustainability of the implementing NGO sub-partners in the form of organizational and human resource development assistance. This activity contributes towards PEPFAR goals by promoting treatment literacy and treatment compliance.

The long-term sustainability of Soul City is being addressed through diversifying its funding sources as well as through the establishment of a broad-based empowerment company which can take ownership of shares and whose dividends will accrue to Soul City.

By providing clear and relevant messages regarding ARV treatment and adherence, Soul City's activities will have a direct and measurable impact on demand for and effective use of ARV treatment in South Africa. These achievements will contribute to the realization of the Emergency Plan's goal of treating 2 million people, and support the treatment goals outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7396

Related Activity: 13810, 13811

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22898	3056.22898.09	HHS/Centers for Disease Control & Prevention	Soul City	9821	510.09		$400,255
7396	3056.07	HHS/Centers for Disease Control & Prevention	Soul City	4400	510.07		$3,000,000
3056	3056.06	HHS/Centers for Disease Control & Prevention	Soul City	2687	510.06		$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13810	3055.08	6620	510.08		Soul City	$5,090,000
13811	6567.08	6620	510.08		Soul City	$1,700,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	60,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Soul City provides indirect support through training, health worker and ART books and adherence pamphlets for both adults and children (caregivers).

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Religious Leaders

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2801.08	**Mechanism:**	N/A
Prime Partner:	HIVCARE	**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: 3299.08

Planned Funds: $2,134,000

Activity System ID: 13773

Activity Narrative: SUMMARY:

HIVCare will use FY 2008 PEPFAR funds to work with the Free State Department of Health to provide antiretroviral treatment in a private health facility to patients who do not have medical insurance and who are referred from the public sector waiting lists for treatment. The Medicross Medical Centre, a well equipped private primary healthcare center, provides the main resource base and in conjunction with thirteen other sites, will provide an effective means of properly distributing ART to patients who are either referred from public sector facilities or who access the site by word of mouth. The emphasis areas for this program will be human capacity development and local organization capacity building. The target population includes men and women; families (including infants and children) of those infected and affected, factory workers and other employed persons, and government employees - specifically teachers, nurses and other health workers (who do not have medical insurance). A further specific population that will be targeted will be secondary school children. The most significant target group is those persons that cannot access services in the public health system.

All treatment administered is done in strict accordance with South African Government (SAG) guidelines and with due regard to the need to transfer the patients back to SAG facilities when feasible. Additional attention is to be given to the screening and treatment of TB amongst the patients attending the program. The linkage with the youth centre will ensure that we have a larger proportion of younger persons being attended to, specifically adolescents aged 10-14 and 15-24. This focus on the youth should further encourage some involvement with the street youth and it is anticipated that the program will be marketed amongst those NGOs working with the street youth as a testing and treatment site.

BACKGROUND:

PEPFAR funding for the HIVCare project commenced in June 2005. The main thrust of the activity was to match the Free State Department of Health (FSDOH) with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa) in order to build private sector capacity and absorb some of the burden from public sector facilities. Many FSDOH centers have waiting lists of people for ARV treatment. Patients from these waiting lists who meet the eligibility criteria for this program are referred from those public sector clinics to one of the four primary health centers in Bloemfontein and one in Welkom for treatment. The FSDOH is a collaborating partner in this public-private partnership.

ACTIVITIES AND EXPECTED RESULTS:

The HIVCare treatment sites will provide all medical services related to the delivery of HIV care and treatment. Management and coordination activities will be provided by HIVCare. The majority of patients will be referred from public clinics in the FSDOH network to the thirteen HIVCare centers based on the following criteria: (1) Clinical criteria (CD4 <200 cells/mm3 or WHO stage III or IV); (2) Inability to pay (lack of private insurance or state coverage) and (3) Overcrowding at referring clinic.

Among the non-medical criteria for enrollment (based on the SAG's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa and a request from the FSDOH), is that the patients have a stable point of contact to assure continued follow-up. HIVCare relies heavily on telephone access to ensure that patients keep scheduled physician visits, collect their medication, and respond to other questions.

Patients referred to the program receive PEPFAR-funded consultations and exams from HIVCare physicians, who will also order relevant tests and refer patients to expert specialists when necessary. The package of care also includes counseling and testing (for patients who do not know their status), adherence counseling, and access to therapeutic nutrition support as per the national guidelines and OGAC guidance. An initiative aimed at improving overall compliance and treatment efficacy is the distribution with the medication of a parcel of nutritional supplements. The supplements provide a single fortified meal per day for each of the indigent patients on ART and aids in the absorption of the medication. Patients are assessed based upon their BMI and general condition. Benchmark weight amongst patients starting ART at the center is just 55kg(-5.2). The patients that are on the waiting lists for ARV treatment at the public health facilities are offered the option of attending the HIVCare treatment sites. The patients that choose the HIVCare program present at the treatment center with a referral letter and other clinical notes (e.g. CD4 count) from the public health center. The patients meeting the clinical criteria are enrolled onto the program. Where patients present directly at the HIVCare treatment center and are found to be in need of TB treatment or treatment of an opportunistic infection requiring specialized treatment, hospitalization or investigative procedures, are referred to the local public facility for care. Similarly radiography and pathology for investigative procedures is provided by the public health facilities. This is based on the request from the FSDOH to provide only a limited range of services, and the HIVCare program is only meant to assist with the unmet demand at the public sector sites, rather than create a parallel health service delivery program. Due to this working relationship, referrals between the HIVCare sites and public sector sites are seamless. With regard to pregnant patients, they receive PMTCT drugs and information on its use prior to the birth event. Subsequent to this, the patient returns to the center to continue treatment and unless specifically rejected by the mother, infant formula is made available. Prophylaxis syrup is also made available to the infant until it is possible to perform the PCR test to determine the infant’s status.

Data is shared with the DOH on two levels. Firstly data on all new patients enrolled onto ART is provided by the pharmacy to the provincial authorities. Secondly a return is submitted to the National Department of Health, with a copy to the Provincial DOH, giving the data of all those on the program. In addition to this, a representative of HIVCare attends the monthly provincial task team meetings.

In addition, HIVCare will expand its existing project to target children as part of its continuum of care. This activity targets children between the ages of six and secondary school age through HIV awareness activities. Older children will be provided with access to HIV care and treatment, as well as psychosocial support services (in line with relevant South African laws and regulations pertaining to healthcare for minors). A teen center catering for the specific needs of this age group has been established and PEPFAR funding will be applied in continuing the treatment started in FY 2007. The funds will be specifically applied in providing ARV treatment to children and some prevention materials (including abstinence and being faithful) at a number of schools in order to expand awareness of HIV care and treatment services offered by

Activity Narrative: the program. The teen center will provide a testing service to local orphanages with treatment where not otherwise provided through SAG resources. Other referrals will be made by the FSDOH clinics in the area and through HIVCare's collaboration with other organizations, including the Anglican Church and Red Cross Society.

A number of support groups have been established aimed at involving the partners of the mainly female patients in the treatment process. These groups meet weekly and the aim is to promote support for the patients among their family members and also to get their partners to test and where necessary to join the treatment group. The Welkom area will include two treatment sites which should encourage a greater proportion of male patients into the program as a result of the number of large mines in close proximity and their use of migrant, mainly male labor. Case managers employed by HIVCare provide psychosocial support, treatment management and compliance promotion. This individualized management approach will also include telephone support for patients and their families, information about the condition and its symptoms, nutrition advice and healthy living. Case managers actively assist patients to identify and utilize the family and community structures that may exist as well as providing information on other available support . A defaulter program exists that utilizes local resources - Home Based Carers - to follow up not compliant patients. The service is provided through the church and the Red Cross.

By providing comprehensive ARV services to patients and promoting ARV services for a large population of underserved people living with HIV, and who do not have private insurance) and school age children, HIVCare is contributing to the PEPFAR goals of placing 2 million people on ARV treatment and providing care for 10 million others who are infected with HIV. These activities also support care and treatment objectives outlined in the USG Five-Year Strategy for South Africa by expanding public-private partnerships and expanding care to an underserved population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7312

Related Activity: 13770, 13774, 13771, 13772

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23073	3299.23073.09	HHS/Centers for Disease Control & Prevention	HIVCARE	9889	2801.09		$1,678,247
7312	3299.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		$1,550,000
3299	3299.06	HHS/Centers for Disease Control & Prevention	HIVCARE	2801	2801.06		$804,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13770	7989.08	6603	2801.08		HIVCARE	$582,000
13774	13774.08	6603	2801.08		HIVCARE	$242,500
13771	7988.08	6603	2801.08		HIVCARE	$291,000
13772	3298.08	6603	2801.08		HIVCARE	$2,910,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$2,134,000
Estimated local PPP contribution in dollars	$635,697

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	13	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	915	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,107	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,751	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	5191.08	**Mechanism:**	N/A
Prime Partner:	Reproductive Health Research Unit, South Africa	**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:	9446.08	**Planned Funds:**	$22,022,260

Activity System ID: 13792

Activity Narrative: SUMMARY:

The Reproductive Health and HIV Research Unit's (RHRU) will provide ARV rollout support services with Department of Health (DOH) partners in over 30 facilities in 4 provinces. The emphasis areas are renovation, human capacity development, and wrap-around programs. Services target people living with HIV (PLHIV) and their families, including children, pregnant women, caregivers, doctors, nurses, traditional healers, and other healthcare workers.

BACKGROUND:

RHRU currently provides technical support to the South African Government (SAG) that includes the national ARV rollout. With PEPFAR funding since FY 2004, RHRU has provided regular onsite support, direct treatment, training and quality improvement to provincial departments of health (DOH) sites in Gauteng, North West, Limpopo and KwaZulu-Natal (KZN). RHRU will continue these activities as well as an inner city program in Johannesburg. Up and down treatment referral systems are being improved in all provinces. In addition, RHRU will continue the provision of counseling and testing (CT), palliative care, and prevention services. RHRU will develop service delivery models that can be replicated and expanded, and produces lessons learned to share with others.

An effective, sustainable ARV treatment (ART) program is founded on strong partnerships with local public sector treatment sites. The needs of each facility vary, and successful incorporation of ARV services at facilities requires a thorough facility-based situational analyses. RHRU's aim is to deliver decentralized HIV care or up and down referral between hospitals and related primary care clinics. ARV clients will be identified, screened, prepared and initiated on ARV treatment with access to future care at up or down referral sites. This system reduces congestion at primary treatment sites and improves patient access to care.

As of June 2007 RHRU-assisted sites were treating over 28,000 people with ART, and over 2,000 health providers had been trained in ART. RHRU will continue assistance in existing sites and expand services to several new sites. Pediatric support as well as ART for pregnant women will be expanded. In addition, RHRU will continue an HIV Maternal Health Outreach Service, and provide planning, training and technical assistance (TA) to two primary healthcare clinic (PHC) networks in Gauteng and KZN. This will enable these clinics to receive down-referred patients, and initiate new patients in selected sites. Nurse-based services will be promoted whenever feasible.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Treatment Support

Specialist HIV treatment teams will support urban and rural ARV sites for adults (including pregnant women) and pediatrics. They will provide TA to new sites, and will develop and facilitate referral networks. Teams include a doctor, nurse, management specialist and counselor and will rotate among a cluster of treatment facilities providing onsite training and management support. In most cases, these teams will be anchored at each site by a permanent quality improvement nurse and a patient tracker to reduce the number of patients lost-to-follow-up and lost to initiation. The continuum of care will be emphasized including: prevention, healthy lifestyle, responsible behavior, nutrition advice, opportunistic infection prevention/treatment, palliative care, and ART. Materials previously developed to educate healthcare workers and HIV clients about HIV care will be utilized. Outreach teams will provide ARV and referral clinics with TA on up and down referral models. The teams will assist local clinic staff to improve practice, integrate and expand services (including TB, see TB section), and maximize referral for CT, palliative care and ART. As part of this, clinic renovations and provision of park homes, to maximize quality service delivery, may be necessary in selected sites. RHRU will also explore the possibility of linking with the private health sector to access and refer indigent populations into public sector care through low salaried family members on basic medical aid plans. Furthermore, senior staff will provide TA to national and provincial government in the development of policies and guidelines. ARV treatment and HIV care for perinatal women will provide outreach in maternal services. Family-based and gender-specific services for underserved groups such as men and high-risk women will also continue to be expanded.

ACTIVITY 2: Human Capacity Development

Insufficient skills in HIV care and program management have been a barrier to scale-up of site support. RHRU will develop an internal site-based training program to enhance staff skills. RHRU also offers a structured program for young doctors interested in pursuing a career in HIV. All RHRU staff involved in the PEPFAR program will become skilled HIV clinicians and program implementers, benefiting the program in the short term, and improving the South African skill base in public health in the longer term.

RHRU will provide DOH staff in ARV sites with expert capacity and TA to develop models of effective service delivery using existing infrastructure and resources. It will emphasize clinical training and promotion of quality improvement techniques that can be applied by the DOH staff to develop local solutions to local problems. The teams will provide onsite support to clinical management, referral, patient flow and data management.

Through the PHC and decentralized care projects, RHRU will assist PHC sites to integrate HIV care into routine service delivery and will support sites with ARV accreditation if appropriate. Nurses will lead these services, with doctor support when necessary (task shifting). RHRU will conduct formal training courses including foundation courses in adult and pediatric ART for healthcare providers and traditional healers, and HIV management for nurses and doctors.

ACTIVITY 3: Pediatrics

RHRU and its partners will expand pediatric and services for young people to additional provinces based on a review of needs and requests from provincial authorities. The pediatric clinical support teams will rotate through DOH sites, capacitating and strengthening clinical skills, and supporting the development of referral networks. They will aid collaborations between healthcare facilities and local FBOs, NGOs and CBOs to

Activity Narrative: provide holistic care for children on ART. RHRU will play a pivotal role in initiating pediatric ARV services at facilities where no pediatric services exist. Innovative methods of improving pediatric and adolescent adherence to ART will be investigated.

The National Adolescent Friendly Clinic Initiative (NAFCI) supports the public sector to provide quality services geared to youth, and are developing a referral system for HIV-infected adolescents to receive ongoing care and provision of ART. RHRU will support services at NAFCI sites in proximity to HIV treatment facilities in Soweto.

ACTIVITY 4: Referral Networks

RHRU will provide training, mentoring, management support and consultants across 4 provinces, to assist DOH ART sites with referral processes. This includes increasing referral capacity at secondary sites to channel and monitor stable patients at peripheral sites closer to patient's homes. This mechanism will reduce congestion at primary sites, enable clinics to see more patients, reduce patient transportation costs and increase adherence. RHRU will aid capacity development and training of local organizations, as well as develop linkages, referral systems, human resources, information, education and communication (IEC), needs assessments, policy and guidelines and strategic information.

ACTIVITY 5: Nutrition

RHRU will support several ART sites including TB hospitals in Johannesburg and Durban by employing dieticians to provide TA, coordinate supplies of nutritional supplements from the district health office to facilities for pediatric and TB/HIV-infected clients, provide nutrition information and counseling support and develop IEC materials. RHRU will provide TA to national and provincial DOH about appropriate nutrition interventions at different stages of disease in people infected with HIV and TB.

ACTIVITY 6: Monitoring and Evaluation

In FY 2008, RHRU will continue to undertake M&E activities to inform and develop quality HIV care.

These activities directly contribute to PEPFAR's goal of 2 million people on treatment. RHRU will support the South Africa 5 year strategy by expanding access to HIV services, improving ARV service delivery, and increasing the demand for and acceptance of ART.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9446

Related Activity: 13788, 13789, 13790, 13791, 14025

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23048	9446.23048.09	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	9883	5191.09		$16,269,216
9446	9446.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	$14,783,370

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14025	8236.08	6687	4754.08		Mothers 2 Mothers	$6,775,000
13788	9449.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$339,500
13789	9448.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$500,000
13790	9444.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$780,850
13791	9445.08	6611	5191.08		Reproductive Health Research Unit, South Africa	$908,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	40	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	12,350	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	63,893	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	43,540	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2,500	False

Indirect Targets

RHRU can not quantify any indirect targets, although significant support to the national HIV and AIDS care and treatment program is given via training, including the training of master trainers who cascade what they have learnt to other health care providers. RHRU provides ARV, CT and Palliative Care trainings to public service health providers in 3 provinces.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Limpopo (Northern)

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	6151.08	**Mechanism:**	N/A
Prime Partner:	Academy for Educational Development	**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:	12332.08	**Planned Funds:**	$2,808,500

Activity System ID: 13365

Activity Narrative: SUMMARY:

As an Umbrella Grants Management (UGM) partner, Academy for Education Development (AED) supports institutional capacity building, technical assistance and grants administration for indigenous organizations that implement PEPFAR programs. These partners and sub-partners consist of indigenous NGOs, FBOs, and CBOs that were selected through the Inter-Agency PEPFAR Annual Program Statement (APS) and have met the criteria for full and open competition. The main functions of the UGM program are: 1) to facilitate further scale-up of HIV and AIDS care services and (2) to develop indigenous capability, thus creating a more sustainable program. The emphasis area is Human Capacity Development, Local Organization Capacity Building and Strategic Information, and the primary target populations are local organizations.

BACKGROUND:

AED has extensive experience managing grant's programs on behalf of USAID with PEPFAR funds. Prior to award of the UGM under the South Africa APS, AED was already managing grant programs funded with PEFPAR dollars in Ghana and Honduras, and providing TA and capacity building to PEPFAR partners on palliative care and OVC work in Mozambique and Kenya. In addition, AED has been sourced as USAID's exclusive partner for capacity building to the 23 NGOs funded under the PEPFAR Round One New Partners Initiative. As such, AED is well experienced in providing TA and capacity building on the broad array of technical areas related to PEPFAR programs, monitoring and evaluation, organizational development and finance management. In addition, AED has also been a key PEPFAR implementing partner in South Africa and is thoroughly familiar with working on HIV and AIDS program within that context.

As a UGM partner, AED will not directly implement program activities, but rather act as a grants administrator, technical assistance provider, and mentor for sub-recipients, who in turn carry out the assistance programs. AED closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments, AED's primary interface with the SAG is through the Senior Management Team (SMT), which includes key staff from USAID, National Departments of Health and Social Development, and representatives from the provincial departments. Under AED, between 6 and 11 indigenous partners will be supported via sub-grants and technical assistance. One or more of these may provide treatment services.

Treatment programs include patient uptake, counseling and testing, doctor consultations, laboratory testing, treatment management, adherence support, patient counseling, and quality assurance monitoring. The treatment partners work in both the public and private sector. Partners equip government clinics and hospitals with human resources (doctors, nurses, pharmacists, and counselors), management systems and community mobilization and outreach. Partners assist with infrastructure renovations when required. These programs also offer specialized training to improve the clinical, management, and leadership of health professionals to deliver ART services. Treatment partners engage private doctors, traditional healers, church groups, and people living with HIV to extend and enhance HIV care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

Institutional capacity building of local organizations is a key feature of the umbrella grant mechanism and is designed to promote the sustainability of HIV and AIDS treatment programs.

ACTIVITY 1: Grants Management

AED will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS activities, including treatment activities. This involves an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, financial oversight, ensuring compliance with USG regulations and grant closeout. AED will monitor ARV services program implementation and adherence to financial regulations. This involves provision of extensive technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Capacity Building

AED will support institutional capacity building of indigenous organizations. (Capacity building activities are defined as activities that strengthen the skills of indigenous organizations to implement HIV and AIDS programs efficiently, with diminishing reliance on internationally-based technical assistance and support) AED will support activities to improve the financial management, program management, quality assurance, strategic information (M&E) and reporting, and leadership and coordination of partner organizations implementing treatment activities.

ACTIVITY 3: Monitoring and Evaluation and Reporting

AED will provide support to partners providing ARV services in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. M&E support for ARV services partners include: measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, AED will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The management of service delivery programs under this project will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12332

Related Activity: 13362, 13363, 13364, 14273

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22566	12332.22566.09	U.S. Agency for International Development	Academy for Educational Development	9725	6151.09	UGM	$2,850,239
12332	12332.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		$2,050,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13362	12333.08	6451	6151.08		Academy for Educational Development	$150,000
13363	12512.08	6451	6151.08		Academy for Educational Development	$485,000
13364	12408.08	6451	6151.08		Academy for Educational Development	$436,500
14273	7861.08	6759	268.08		Population Council SA	$970,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 397.08

Mechanism: N/A

Prime Partner: Africa Center for Health and Population Studies

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: 2997.08

Planned Funds: $2,619,000

Activity System ID: 13371

Activity Narrative: SUMMARY:

The Africa Centre Hlabisa antiretroviral treatment (ACHART) program aims to deliver safe, efficient, equitable and sustainable ART to all who need it in the Hlabisa district through the district health department, rural KwaZulu-Natal. The target population for the treatment program is people living with HIV (PLHIV), HIV-infected pregnant women and HIV-infected infants and children. The emphasis area of this program is human capacity development, renovation, and local organization capacity building.

BACKGROUND:

The ACHART Program is a partnership between the KwaZulu-Natal (KZN) Department of Health (DOH) and the Africa Centre, a population research department of the University of KwaZulu-Natal. The DOH program is based in Hlabisa sub-district, and provides health care to 220,000 people at a government hospital and 14 fixed peripheral clinics. The ACHART Program is embedded in the DOH antiretroviral therapy rollout where the Africa Centre and KZNDOH work to complement each other's abilities and resources in providing ART. The Africa Centre has expertise in infectious diseases and management that are not available at the district DOH. In addition to clinical staff and infrastructure, the district DOH provides the necessary drugs and laboratory testing for effective rollout.

With FY 2008 funds the Africa Centre will continue to support the provision of ART and expand its support for the KZNDOH. Increased attention will be given to address gender issues (especially reaching men) and to promote the ART services among men and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to South African Government (SAG)

The ART program is jointly run by the KZNDOH and Africa Centre. The Africa Centre contributes human resources and co-finances facility needs and supplies. The Africa Centre supports the KZNDOH with strategic planning and the implementation of the SAG National Strategic Plan 2007-2011 for HIV & AIDS and STI. This includes the establishment of an up and down referral system that ensures that HIV-infected people are treated at the optimal level of care at each stage of the disease. The Africa Centre support further extends to operating the supply chain of drugs from the central pharmacy to the peripheral clinics and the transport of blood samples from the peripheral clinics to the central laboratories. In addition to this, Africa Centre also supports the monitoring and evaluation of the ART program and the development of management and treatment algorithms.

With FY 2008 funding, additional support will include park-homes (inexpensive portable prefab long-lasting structures) which will be set up in peripheral clinics where patient load exceeds facility capacity. Operational assistance will be in the form of funding to support training of staff, transport, logistics, IT support and administrative assistance to smaller peripheral clinics.

ACTIVITY 2: ARV Treatment

The Africa Centre will continue to support the expansion of the ART program at Hlabisa hospital and the 14 KZNDOH clinics. ARV treatment is following the DOH guidelines. Patients with stage IV disease or CD4 count <200 are eligible for treatment. After the necessary baseline investigations (blood tests, screening for TB) have been performed, the patients are initiated for treatment in 14 government clinics and the hospital.

Through CT, TB and the mobile ART and palliative care programs, the Africa Centre will work to increase uptake of ART among targeted communities. Africa Centre's goal is to test babies at 6 weeks after delivery and get them on treatment if required. Mobile teams of nurses and counselors will provide ART in the clinics, and community mobilization activities will be used to enhance community awareness and uptake of services. The Africa Centre will investigate the best possible way to roll out ART in the mobile clinics, which are serving the population. The mobile team will twin with the DOH mobile clinic team, and visit the service points together.

In FY 2008, additional mobile teams will visit clinics bi-weekly to provide onsite training, assess complicated patients, and do quality assurance checks. This process will institute a continuous process of quality improvement. Data capturers, supervised by the M&E officer, will move with these teams to capture data from the clinics. A doctor will join the mobile team to initiate patients on ART at smaller clinics and assist with treatment of side-effects and adverse events. All patients will be trained in prevention of HIV transmission and the importance of treatment adherence. Prophylaxis against common opportunistic infections includes cotrimoxazole prophylaxis in all patients with CD4 count under 200. Data from these activities will be monitored to ensure that clients receive comprehensive services and that all eligible individuals are put on prophylaxis at the earliest opportunity.

Two mobile teams of the DOH are tracking TB patients who don't pick up their treatment. Africa Centre will integrate the tracking of TB patients by forming two more teams. With that support all four teams are then able to track TB and HIV patients, thus preventing duplication of tracking and expanding the coverage of both groups of patients.

ACTIVITY 3: Human Capacity Development

KZNDOH and Africa Centre counselors and nurses who work on the program will receive training on HIV and ART. The baseline course is based on the KZNDOH curriculum and comprises four sessions of three hours each, covering basics of HIV and ART; follow-up of patients, assimilation of a follow-up, and practical work with a patient (including blood taking for CD4 counts and viral loads). Counselors, nurses and physicians will receive additional training, emphasizing side-effects and second-line treatment to treat patients with therapeutic failure of first-line therapy. The program will finance a diploma course for a pharmacy assistant to assist with a satellite dispensing service at the clinics to support the KZNDOH pharmacist at Hlabisa Hospital. This trainee was recruited locally in June 2007. Doctors and nurses working on the ART program will attend the AIDS Certification Course, run by another PEPFAR partner, the Foundation for Professional Development. Due to the shortage of staff in the clinics and due to the

Activity Narrative: increasing number of patients and increasing workload, additional staffing in clinics and hospital will be provided.

ACTIVITY 4: Human Resources

Africa Centre staff provides clinical care alongside KZNDOH staff in the clinics in order to support the ongoing ART program and to facilitate skills transfer to build sustainability. The sustainability of the program largely depends on availability of skilled staff, which is difficult to attract to this rural area. The Africa Centre is continuously working on recruiting physicians and pharmacists. In FY 2008, Africa Centre staff in the ART program will be increased including nurses, HIV trainers, HIV counselors, doctors, social workers, 1 pharmacist, 1 dietician, M&E officers and data capturers. All staff are mentored and supervised by Africa Centre staff.

ACTIVITY 5: Surveillance Systems

The Africa Centre will establish clinic-based ART drug resistance surveillance. In order to choose the best second-line therapy, information about the drug resistance in the case of first-line therapy is needed. Routine ARV drug resistance testing is not part of the South African treatment plan. Including drug resistance testing in the ACHART program will directly benefit the patients. The findings may benefit other sites in resource-limited settings. If the Africa Centre finds that most treatment failures are due to resistance against stavudine (and not lamivudine or nevirapine), the overall quality of choice of second-line drugs may be improved without genetic drug resistance testing. PEPFAR funding will finance laboratory equipment and transport costs to set up ART drug resistance surveillance.

ACTIVITY 6: Quality Improvement

In June 2007 a team for Quality Management was introduced in all the clinics. This group provides leadership and support centrally and to the clinics. In FY 2008 this group will increase capacity to identify, develop and implement quality improvement interventions internal to the program as well as for identified problems at the sites being supported.

ACTIVITY 7: Systems Development

With increased funding the Monitoring Evaluation and Reporting systems will be further strengthened to support the internal and external data needs of the program. The existing databases will be reviewed and, if appropriate, adapted, and staff will be trained. Additional staff will be needed to cope with the increased number of data to be collected and used for improvement of the program.

ACTIVITY 8: HIV Awareness
Health education has to be prioritized in the sub-district. The knowledge about ART and other health issues must be improved. Initial analyses of Africa Centre data shows that a huge number of people don't know about ART and a large number of those who know about ART don't know where to get treatment. In July 2007 Africa Centre approached the Amakhosi (the highest traditional leaders in the area after the king) to involve them in the response to HIV. In this area traditional leaders are playing a major role. Billboards at different places will be placed with messages from the Amakhosi concerning testing and treatment. The improvement of this knowledge regarding testing and treatment will contribute to PEPFAR'S goals to increase the community access to ART services.

Africa Centre contributes to PEPFAR's 2-7-10 goals for South Africa by increasing community access to ART services by facilitating scale up of the SA Government efforts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7275

Related Activity: 13367, 13368, 13369, 13370, 14256

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22571	2997.22571.09	U.S. Agency for International Development	Africa Center for Health and Population Studies	9726	397.09		$1,165,086
7275	2997.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		$1,720,000
2997	2997.06	U.S. Agency for International Development	Africa Center for Health and Population Studies	2659	397.06		$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13367	7914.08	6453	397.08		Africa Center for Health and Population Studies	$339,500
13368	2996.08	6453	397.08		Africa Center for Health and Population Studies	$727,500
13369	7913.08	6453	397.08		Africa Center for Health and Population Studies	$291,000
13370	7911.08	6453	397.08		Africa Center for Health and Population Studies	$824,500
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	20	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,400	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,400	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	167.08	**Mechanism:**	N/A
Prime Partner:	Africare	**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: 2908.08

Planned Funds: $285,000

Activity System ID: 13380

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project will continue to support increased quality of, and access to antiretroviral therapy (ART) for adults and pediatrics, providing support for an electronic patient register, improvement of treatment readiness and high-quality patient management. Hewu Hospital, Fort Beaufort Hospital and Victoria Hospital will be assisted. Major emphasis is on building local organization capacity with minor emphasis on training, strategic information and human resources. Human capacity development is focused on doctors, nurses, local traditional healers and data management personnel. Implementation of the basic care package will carry through to treatment sites in addition to care and support.

BACKGROUND:

This is an ongoing activity supporting treatment readiness and follow-up at Hewu Hospital and Sada community health center. The referral rate from Hewu Hospital to Frontier Hospital for initiation of antiretroviral treatment (ART) has increased. Challenges have included inadequate recording systems, incomplete reporting, absence of a treatment readiness program in Hewu, and limited documentation of client care and progress. Hewu Hospital has not yet been accredited, but is imminent. The treatment support is linked to community-based activities that address HIV and AIDS, care and treatment awareness and reduce stigma. Traditional healers and faith leaders provide spiritual support. The electronic patient register is in process with Columbia University, described in the Basic Health Care and Support section of the COP.

ACTIVITIES AND EXPECTED RESULTS:

Support for treatment emphasizes the management of patient care and services within public sector facilities in Eastern Cape. Tools and onsite support will put mechanisms in place that will facilitate treatment availability, quality, and service management.

ACTIVITY 1: Support Hewu Hospital in Establishing ARV Service

With support from the Eastern Cape Department of Health (ECDOH), the Africare team will design a supportive strategic and operational planning process for the Hewu Hospital Wellness Centre and ARV service that will assist the hospital in identifying the resources required to provide ARV services, including staffing, drugs, guides and tools, equipment and furnishings. Support will be provided for the completion of the wellness centre establishment as needed in term of filing systems, data management staff and equipment, communication systems and temporary staff.

ACTIVITY 2: Development of an Electronic Patient Register

With another PEPFAR partner in the Eastern Cape, Columbia University, the project has worked with the health information systems program to develop and implement an electronic patient register and record for adult and pediatric patients on ARVs. Funding is supporting the adaptation of an open-source, tested software and ensure that it includes all essential elements of information required locally and can link easily with the existing health and hospital information systems. Africare's support will focus on the linking individual patient data to the district health information system (DHIS) and HIV service management reporting. Training and implementation support will be provided initially to Hewu Hospital, Frontier Hospital and Fort Beaufort and Victoria Hospital, along with Sada Community Health Center. Training will be provided for data capturers, health workers and service managers to us the information for client ART case management.

ACTIVITY 3: Strengthen the Process of Treatment Readiness Patient Education

Support will be provided to identify and implement local best practices identified the Eastern Cape. ARV readiness workshops will be conducted to improve quality of care at each hospital and referral sites (approximately 15 clinics). A model ARV readiness patient education program will be adapted for these supported facilities.

ACTIVITY 4: Continuing Professional Development

Access to continuing education on HIV disease management, ARV initiation and support, and drug supply management will be facilitated, using existing training providers and programs. Continuing education seminars for doctors, nurses and pharmacists will improve competence in evidence-based HIV and ARV management through onsite mentoring of health workers. In-service training for nurses to support ART will continue. Data and case management review meetings will be supported bi-monthly. Through an institutional collaborating partner and/or identified mentors, medical and surgical inpatient doctors in each hospital will be mentored in identifying and appropriately managing HIV patients in the general wards. Training on pediatric HIV management will be implemented through onsite clinical mentoring for neonatal HIV management and management of pediatric cases, and follow-up to promote early identification of infants and children needing ARVs. In addition, general practitioners working in these facilities part-time will be trained basic pediatric ARV care. Integration of TB and HIV care will be supported with training on TB and HIV co-management.

ACTIVITY 5: Pilot for Utilizing Traditional Healers for Treatment Support

Traditional healers have expressed interest in becoming an integral part of client referral for treatment and support of the client when on ARVs. A pilot group of traditional healers will be trained as ART aides that will assist patients to adhere to treatment.

ACTIVITY 6: Addressing Barriers to Optimal ARV Services Utilization at Frontier and Hewu Hospitals

With data that will be available from the ARV software, case and service statistics reviews will be conducted 6-monthly, using client data (defaulter rates, treatment adherence rates, common ART side-effects experienced, reasons for discontinuation, and CD4 counts at ART initiation) to monitor access to and utilization of services, as well as patient outcomes. A transport voucher system will be developed to support

Activity Narrative: patients who decline ART because they are unable to afford the cost of transport to Frontier Hospital. This system will be developed and implemented for adult patients from Hewu while awaiting accreditation, and for pediatric clients until plans to decentralize pediatric care to Hewu are implemented. FY 2008 funds will support the cost of transport and management of the documentation system.

FY 2008 Activities will also include:
- A shift in hospital sites to prevent overlap with other PEPFAR partners. Fort Beaufort and Victoria Hospitals in Nkonkobe LSA (Amathole District), Port Alfred Hospital in Makana LSA (Cacadu District) and possibly Cofimvaba and Settler's Hospitals. Assignments will be finalized through working with the Province and PEPFAR team.

- Deployment of doctors seconded part-time to each hospital to help alleviate staffing pressures and to ensure implementation of best practices and to help initiate ARVs in Primary Health Care sites as determined by the DOH

- Deployment (and training, as necessary) of Pharmacy Assistants to hospitals where dispensing is a key constraint to scaling up the volume of ARV patients.

- Support Group training in ARV literacy education for new HIV positive members

By supporting ARV service delivery programs, Africare will contribute to the realization of the PEPFAR 2-7-10 goal of treating two million people with ART. These activities will also support efforts to meet the treatment objectives outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7277

Related Activity: 13374, 13375, 13376, 13377, 13378, 13379

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29089	29089.05	U.S. Agency for International Development	Catholic Relief Services	11844	11844.05	Track 1 OVC	$222,652
29088	29088.05	U.S. Agency for International Development	Food for the Hungry	11843	11843.05	Track 1 AB	$155,066
29087	29087.05	U.S. Agency for International Development	American Red Cross	11842	11842.05	Track 1 AB	$330,000
29084	29084.05	Department of Health & Human Services	World Health Organization	11839	11839.05	Track 1 Blood Safety	$676,437
29083	29083.05	U.S. Agency for International Development	Save the Children US	11840	11840.05	Track 1 OVC	$466,321
29082	29082.05	U.S. Agency for International Development	Hope Worldwide	11836	11836.05	Track 1 AB	$52,030
22581	2908.22581.09	HHS/Centers for Disease Control & Prevention	Africare	9729	167.09		$0
7277	2908.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		$500,000
2908	2908.06	HHS/Centers for Disease Control & Prevention	Africare	2625	167.06		$475,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13374	2911.08	6455	167.08		Africare	$936,500
13375	7920.08	6455	167.08		Africare	$145,500
13376	2909.08	6455	167.08		Africare	$1,264,000
13377	3752.08	6455	167.08		Africare	$485,000
13378	6559.08	6455	167.08		Africare	$1,073,000
13379	2910.08	6455	167.08		Africare	$388,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	5	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,581	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	10	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	416.08	**Mechanism:**	N/A
Prime Partner:	Broadreach	**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: 3006.08

Planned Funds: $14,326,000

Activity System ID: 13697

Activity Narrative: SUMMARY:

BroadReach Healthcare's (BRHC) antiretroviral (ARV) services activities include training for health professionals, management support, laboratory support, quality assurance, and community outreach. BRHC's emphasis areas are human capacity development, local organization capacity building, and strategic information. Primary target populations include children, adolescents, adults, pregnant women, and people living with HIV (PLHIV).

BACKGROUND:
PEPFAR funds support BRHC initiatives that provide HIV and AIDS clinical management, care and support services to HIV-infected individuals in areas where the SAG rollout has not yet been implemented and assists ART rollout in the public sector. The BRHC PEPFAR program began in May 2005 and now operates across 5 provinces. Activities will expand to a sixth province in FY 2008. BRHC is supporting approximately 5000 individuals directly with care and treatment and 15,000 indirectly. BRHC taps private sector health professionals to provide comprehensive care and treatment, fostering capacity-building initiatives within the public health system, and supporting community-based programs. BRHC leverages PLHIV support programs to identify and assist with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. BRHC also works to build capacity in public health facilities, focusing efforts on human capacity development (HCD) activities, including clinical didactic training, clinical mentorships, patient training and operational assistance training. BRHC is expanding its provision of staff and infrastructure support to SAG facilities. Finally, BRHC is expanding its involvement in the design of scaleable down referral models in partnership with faith-based organizations (FBOs), community-based organizations (CBOs), and public-private partnerships (PPPs).

ACTIVITIES AND EXPECTED RESULTS:

To ensure that new patients are started on ART when clinically qualified and enrolled patients continue to receive quality care and support, BRHC will carry out the following activities:

ACTIVITY 1: Clinical Services

BRHC patients will be treated in accordance with national guidelines by ensuring that all elements for effective treatment are provided in a coordinated manner. This includes addressing issues of human resources, provision of technical expertise, training, information, education and communication (IEC), community mobilization, laboratory and testing, drug logistics, equipment and supplies, physical space, M&E, and other cross-cutting support functions such as budgeting, finance, policy, and planning support. Patients see doctors regularly, and will receive laboratory tests, HIV and AIDS education, adherence support, counseling, cotrimoxazole prophylaxis and linkage to other support and wellness (including prevention) services. Patient nutrition and wellness needs will be assisted by local FBOs and NGOs (e.g. food parcels). BRHC supports patients through the private sector until those patients can access treatment through public services. BRHC continues to expand its support to strengthening services in the public sector.

ACTIVITY 2: Human Capacity Development (HCD)

BRHC will provide comprehensive HIV and AIDS training to its network of providers including doctors, nurses, pharmacists and other healthcare professionals through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and clinical mentoring from experienced clinicians. Comprehensive HIV and AIDS training for health professionals include ART management, tuberculosis (TB), adherence, management of complications and side-effects, prevention, and pediatric HIV management. BRHC human capacity development activities, such as training and clinical mentoring, will also take place within SAG facilities. BRHC will continue to train patients and support group facilitators on topics including HIV and AIDS, ART, adherence, living positively, and accessing psychosocial support in communities. The BRHC adherence program supports patients by providing features such as treatment buddies, support groups, cell phone message reminders, a patient call center and adherence counseling.

ACTIVITY 3: Support to SAG

BRHC will conduct an initial needs assessment at each new SAG partner facility. The assessments will identify problems that impact overall capacity and efficiency. Solutions for each institution include recruitment and salary support for doctors, nurses, and pharmacy staff. BRHC will also work with the site to motivate for the creation of permanent posts where needed and ensure that BRHC/PEPFAR supported staff are incorporated into subsequent site budgets to ensure a sustainable staffing solution. BRHC general practitioners provide part-time services at SAG facilities, and train SAG staff in HIV care and treatment and related management. Other support may include infrastructure, such as refurbishment, equipment and supplies procurement. Finally, BRHC will build on its existing public-private partnership (PPP) model with SAG and Daimler Chrysler in East London and develop new PPPs to further involve private companies in supporting small business employees and dependents in communities where they operate.

ACTIVITY 4: Referrals and Linkages

Support systems for treatment will be provided by strengthening referral networks between the public and private sectors, including referring stable patients back to the SAG ARV program, and support to local clinics to facilitate SAG up and down referral. Finally, BRHC will continue to expand its linkages with CBOs in order to refer patients in need of food and other community services.

ACTIVITY 5: Quality Assurance/Quality Improvement (QA/QI)

Recognizing the critical role of M&E in a successful treatment program, BRHC QA/QI activities include regular internal data and systems audits, collection of patient-level surveillance data, exception reports, doctor-specific feedback report, and doctor decision-making support. The BRHC adherence program monitors patient adherence through monitoring of drug pick-up information, clinical reports, self-reported adherence, and pill counts. BRHC will also work with SAG facilities to improve data management and

Activity Narrative: medical records systems.

ACTIVITY 6: Pediatric care and treatment

BRHC will expand pediatric enrollment using a family-centered approach. BRHC will encourage testing of families/households, using patients already enrolled in the BRHC program as the index case and point of entry into the household. By recruiting eligible family members, BRHC will enroll greater numbers, including children, into the program. Finally, the family-centered approach will allow BRHC to link an entire household to a single doctor in order to facilitate doctor visits and drug pick ups.

All BRHC activities articulated in the FY07 COP will be scaled up significantly in FY08 through its partnerships with 15 SAG hospital systems (which include hospitals and affiliated community health centers (CHC) and primary health care clinics (PHCs).

All of the above activities will serve to greatly enhance sites' ability to enroll significantly greater numbers of patients onto ARV treatment.

These activities directly contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving ARVs, improving access to HIV services, and increasing the capacity of local organizations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7510

Related Activity: 13700, 13698, 13699, 13693, 13694, 13695, 13696

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22619	3006.22619.09	U.S. Agency for International Development	Broadreach	9739	416.09		$12,518,262
7510	3006.07	U.S. Agency for International Development	Broadreach	4449	416.07		$9,200,000
3006	3006.06	U.S. Agency for International Development	Broadreach	2663	416.06		$3,600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13700	13700.08	6576	416.08		Broadreach	$824,500
13699	13699.08	6576	416.08		Broadreach	$776,000
13693	3007.08	6576	416.08		Broadreach	$1,000,000
13694	7939.08	6576	416.08		Broadreach	$1,455,000
13695	3136.08	6576	416.08		Broadreach	$870,000
13696	3133.08	6576	416.08		Broadreach	$737,200

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$280,000
Estimated local PPP contribution in dollars	$42,000

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	30,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	150	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	22,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	33,500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	625	False

Indirect Targets

In addition to its own treatment program, BroadReach indirectly supports patients who are provided care and support through the Aid for AIDS care and treatment program, as well as indirect support provided via capacity building initiatives. Aid for AIDS is a private sector program providing workplace HIV programs for major companies in South Africa. Through BroadReach support to Aid for AIDS, all patients benefit from enhanced education, support, and monitoring. This is in addition to the South African Government rollout. BroadReach also supports a direct care and treatment program.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Eastern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	192.08	**Mechanism:**	AIDS Economic Impact Surveys
Prime Partner:	Boston University	**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: 2916.08

Planned Funds: $350,000

Activity System ID: 13692

Activity Narrative: TYPE OF STUDY: Continuing

PROJECT TITLE: Economic and social outcomes of HIV and AIDS treatment.

NAME OF LOCAL CO-INVESTIGATOR: Dr. Ian Sanne, Clinical HIV Research Unit, University of the Witwatersrand; Ms. Mpefe Ketlhapile, Health Economics Research Office, Wits Health Consortium.

TIME AND BUDGET SUMMARY:
Year of activity: Year 4
Year started: 2005 (PEPFAR funding since COP 07)
Expected year of completion: 2010
Budget received to date: $100,000 (in COP 07)
Additional budget requested in FY 2008: $150,000

PROJECT DESCRIPTION: Boston University (BU) and its local partner, the Health Economics Research Office (HERO), will use FY 2008 funds to continue an ongoing evaluation of the social and economic outcomes and sustainability of antiretroviral therapy (ART) in South Africa. Follow up of the existing patient cohort will be extended to a minimum of three years, with some patients reaching four years of follow up. Results will be used to improve treatment outcomes and enhance patient-level sustainability of treatment. The target populations for this PHE are adults, people living with HIV, policy makers, program managers, clinicians, treatment facilities, and USG staff.

EVALUATION QUESTION: The evaluation question for this PHE is “What are the social and economic consequences of HIV and AIDS treatment for individual adult patients over the first four years of ART?” Little is known about how treatment affects non-clinical indicators such as employment status, household cohesion, quality of life, costs incurred to obtain treatment, and related impacts on patients and their households. This information is needed to ensure that receiving ART is socially and economically, as well as medically, sustainable for African patients and to estimate the overall benefits of treatment expansion.

PROGRAMMATIC IMPORTANCE: While the medical effectiveness of ART in suppressing viral replication and restoring immune function is well established, little is known about the impact of treatment of HIV and AIDS on the economic and social welfare of African patients. In particular, it is not known if treatment will offset the impact of untreated AIDS on labor productivity, family stability, quality of life, and other indicators of social and economic development and treatment sustainability. In FY 2005, BU and HERO launched an evaluation of the economic and social outcomes of treatment for adult South Africans receiving care from three PEPFAR-supported treatment sites. In FY 2008, this evaluation will be continued for a fourth year, allowing examination of longer term outcomes essential to treatment sustainability.

The expected result of this activity is rigorous empirical information available about the non-clinical outcomes of treatment for South African patients treated through PEPFAR and South African government treatment initiatives. If patients are shown to be able to resume their normal activities, find and retain jobs, maintain family stability, and improve quality of life, support for long-term provision of treatment and expansion of current programs will be strengthened. Analysis of the characteristics of patients for whom outcomes are less successful will also help improve treatment program design and patient support efforts.

PROJECT DESCRIPTION/ METHODS: This evaluation is a prospective cohort study using data from patient interviews and medical records. Patients enrolled in the cohort are interviewed at intervals of 3-6 months, depending on the patient's status, during routine clinic visits using a questionnaire focusing on family stability, ability to work and/or perform other normal activities, quality of life, adherence, costs of obtaining treatment, and sources of income. This information is then linked to biomedical indicators of treatment outcomes (e.g. CD4 count) from patients’ medical records and analyzed longitudinally.

Over the course of FY 2005 and FY 2006, 618 ART patients and 451 pre-ART patients were enrolled in the study and completed baseline and follow-up questionnaires. By the end of the FY 2007 funding period, all of these patients will have been followed for a minimum of 2 years, and some for more than 3 years. In FY 2008 no new patients will be added, but because the impact of treatment on patients' welfare will change over time, following the current patients for an additional year will generate valuable information about the sustainability of treatment beyond the initial two years. Almost all of the pre-ART patients will have initiated ART by FY 2008, allowing a pre- and post-treatment comparison for this group.

POPULATION OF INTEREST/GEOGRAPHIC AREA: The population of interest is all adult pre-ART and ART patients in South Africa, as represented by the patients at the study sites. The study sites are located in Gauteng and Mpumalanga Provinces.

STATUS OF STUDY/PROGRESS TO DATE: The study is progressing on schedule. Follow-up interviews and data analysis are ongoing.

LESSONS LEARNED: Analysis of baseline and initial longitudinal data show significant improvements in ART patients’ ability to carry out their normal activities, quality of life, job performance, and other indicators.

The baseline results of this evaluation have been presented widely. Abstracts have been presented at the 2006 International AIDS Conference in Toronto and the 2006 HIV Implementers’ Meeting in Durban. A paper about the costs to patients of obtaining treatment has been published in the South African Medical Journal, and two other manuscripts are currently under review by international journals. Data are now being used for a pooled analysis of treatment outcomes being conducted by a collaboration of researchers from throughout South Africa.

INFORMATION DISSEMINATION PLAN: The results of this evaluation will be disseminated as widely as possible in South Africa and other resource-constrained countries, where information regarding non-clinical outcomes of treatment are very limited or absent all together. Results will be presented as a priority to the study sites and to the provincial and national Departments of Health in South Africa. Reports will be made available for rapid dissemination on the BU and International AIDS Economics Association (IAEN) websites. Finally, results will be presented at relevant conferences in South Africa and internationally, and journal manuscripts will be submitted for publication as new findings become available.

Activity Narrative:

ACTIVITIES: In FY 2008, follow-up interviews representing data collection rounds 5-8 will be conducted with the full cohort, medical record data will be extracted, and an analysis covering the period from pre-ART to 3 years on treatment will be completed.

BUDGET JUSTIFICATION FOR FY 2008 MONIES (USD):

Salaries/ fringe benefits: $ 112,000
Equipment: $ 3,000
Supplies: $ 5,000
Travel: $ 18,000
Participant Incentives: $ 2,000
Laboratory Testing: $ -
Other: $ 10,000
Total: $ 150,000

The majority of funds (75% of the total) will be used for salaries and benefits for study staff, including the principal investigator/lead economist, field director, data manager, statistical analyst, and interviewers. Travel (12% of the total) will include local transport for the study team and limited international and domestic travel for Boston and Johannesburg based investigators. Approximately 2 computers will be purchased for data entry and analysis (equipment, 3%). Supplies will include general office supplies, computer supplies, and photocopying of data collection instruments (<1%). Small gifts (e.g. t-shirts) will be purchased as tokens of appreciation for study subjects (1%). Finally, other expenses including office space and communications will account for 7% of the total.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7509

Related Activity: 13691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29167	29167.06	U.S. Agency for International Development	Children's AIDS Fund	11900	11900.06		$338,880
29166	29166.06	HHS/Health Resources Services Administration	Catholic Relief Services	11899	11899.06		$1,615,895
29165	29165.06	HHS/Health Resources Services Administration	Catholic Relief Services	11899	11899.06		$2,582,819
29164	29164.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	11898	11898.06		$7,579,660
29163	29163.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	11898	11898.06		$8,184,849
29162	29162.06	HHS/Centers for Disease Control & Prevention	Sanquin Consulting Services	11897	11897.06		$676,440
29161	29161.06	HHS/Centers for Disease Control & Prevention	Sanquin Consulting Services	11896	11896.06		$676,440
29160	29160.06	HHS/Health Resources Services Administration	Catholic Relief Services	11895	11895.06		$3,132,337
22612	2916.22612.09	U.S. Agency for International Development	Boston University	9738	192.09	AIDS Economic Impact Surveys	$339,817
7509	2916.07	U.S. Agency for International Development	Boston University	4448	192.07	AIDS Economic Impact Surveys	$300,000
2916	2916.06	U.S. Agency for International Development	Boston University	2627	192.06	AIDS Economic Impact Surveys	$160,000

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Both of the proposed activities are intended to improve the quality, efficiency, and sustainability of existing PEPFAR-supported treatment programmes. The activities will thus contribute indirectly to achievement of the PEPFAR treatment targets.

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 226.08
Mechanism: N/A
Prime Partner: Foundation for Professional Development
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: 2930.08
Planned Funds: $24,705,000
Activity System ID: 13745

Activity Narrative: SUMMARY:

The Foundation for Professional Development (FPD) program supports the public sector expansion of access to comprehensive HIV and AIDS care by focusing on provision of care, and through human capacity development (HCD). Activities supporting improved and expanded service delivery in public sector ART clinics include the provision of staff, clinical and management training, equipment, technical assistance, mentoring, and refurbishment of facilities. Additional HCD activities include an international volunteer and an intern program. The emphasis areas for these activities are Human Capacity Development, Local Organization Capacity Building and Workplace Programs. Target populations for the activities include people living with HIV (PLHIV) and the Business Community. The activities also target most at risk populations.

BACKGROUND:

FPD is a South African private institution of higher education working exclusively in the health sector in Southern Africa. Since FY 2005, FPD has supported treatment for thousands of PLHIV and training for thousands of healthcare providers and managers delivering ART and related services. Coordination with provincial Departments of Health (DOH) takes place through Memorandums of Understanding (MOUs). FPD provides substantial assistance initially to public sector facilities and works towards a diminished role over time, working towards sustainability at the sites. Sub-agreements are used for supporting a national HIV consumer line (HIV 911). Gender issues are embedded in all aspects of the project and include collecting gender specific data in treatment programs, linkages with NGOs working in the gender field, counseling and testing (CT) services that specifically focus on couple counseling, domestic violence and abuse detection.

Other issues addressed by this project are: 1) Male norms and behaviors that are addressed in the counseling provided at ART sites. All staff actively work towards reducing violence and coercion by identifying victims of violence; 2) stigma and discrimination is addressed in counseling and training programs; and 3) volunteers, including Peace Corps volunteers, will be involved at treatment sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support to Government ARV Clinics

PEPFAR funds are used to respond to requests from provincial DOH to support South African Government (SAG) ART sites through temporarily seconding clinical and administrative staff, providing equipment, refurbishment and technical assistance. The FPD-supported staff play a critical role in service delivery and have been able to reduce waiting times to less than a week at most facilities. FPD works with each public sector site to determine the number of staff needed, and the timeframe for transferring them into SAG employment. Most sites provide an integrated system of treatment and prevention, including CT and wellness services. These services emphasize adherence and promote ART services among referral clinics (TB, STI & Family Planning). All sites are also linked to a system of dedicated tracers who follow-up on any patients who drop out of treatment to determine reasons and where possible try to encourage patients to return to treatment. All sites are pediatric treatment sites and a minimum target is set at 10% of patients. FPD's support to SAG ARV clinics will expand substantially to include increased numbers of patients.

ACTIVITY 2: Human Capacity Development (HCD)/Clinical Training

This activity ensures a cadre of skilled healthcare practitioners able to provide care to PLHIV. Healthcare workers will be trained in various courses (clinical management of AIDS and TB, CT, palliative care, adherence and workplace AIDS programs) using a proven short-course training methodology that provides training close to where participants work. PLHIV form part of the faculty to help with stigma reduction among participants and to articulate the needs of PLHIV. To update knowledge, an alumni program including regular continuing medical education (CME) opportunities, meetings, journals, newsletters and mentorship has been developed. This program provides alumni with membership in a relevant professional association, the Southern African HIV Clinicians Society. Eskom (large power and utility company) and Discovery Health (large health insurance company) are in a PPP with FPD to financially support this training.

Training takes place in all provinces for both public and civil society organizations. For public sector training such training is coordinated with relevant human resources departments.

ACTIVITY 3: HCD/Management Training

This activity addresses the severe shortage of skilled managers within the public, NGO and FBO sector to manage rapid scale-up of AIDS care through a one year management training program, offered in association with Yale University, designed to develop local organizational capacity. Students are recruited through a competitive scholarship program and graduates are enrolled with the SA Institute of Healthcare Managers to provide them access to alumni services. Quality assurance mechanisms for Activities 2 and 3 are those currently prescribed by the Council for Higher Education for SA Universities. Impact studies and participant surveys and external impact assessments are also conducted on a regular basis to assess relevance quality and impact. Results of these surveys are used to make revisions to the management training program. The management training program will be expanded in FY 2008 to introduce a lower level operational management course geared at clinic rather than program managers. A need for such training has been identified during the past two years of management training that has shown that the skills needed at the clinic manager level is much more operational rather than strategic, the current management training program does not meet the specific need of this more junior level managers.

ACTIVITY 4: HCD/Internship Program

There is a growing need for rapid expansion of the development of human capacity to support ARV treatment programs. Based on the success of the current internship program that improves the skills of graduate students by partnering them with implementing PEPFAR partners or public sector institutions, FPD will continue to support a formalized HCD Program. FPD is well placed for this activity as training and HCD activities are FPD's core business. The USG PEPFAR Task Force is developing a more robust HCD

Activity Narrative: strategy, and this activity will contribute to that strategy. FPD will coordinate with universities and other institutions to recruit interns and will mentor both the intern and the recipient organization to ensure that interns are optimally utilized to promote treatment initiatives.

ACTIVITY 5: HCD/Placement Project

This activity further expands FPD's role in HCD in the public sector by providing a user-friendly recruitment mechanism that attempts to meet severe shortages of healthcare workers in the public sector by recruiting local and internationally qualified professionals against public sector funded vacancies, on both a remunerated and voluntary basis. Support provided includes matching applicants with vacancies, fast-tracking the registration of international participants and mentoring international recruits. Atlantic Philanthropies, a charitable organization, funded the startup of this activity in 2006 through a public-private partnership (PPP) with FPD.

ACTIVITY 6: HCD/Call Center/Clinical mentoring support

The call center will provide access for healthcare workers to infectious disease specialists, pediatricians and clinical pharmacologists through a toll-free line for queries related to treatment and post-exposure prophylaxis. This call centre closely cooperates with the HIV 911 Call Centre that handles consumer queries for referral to AIDS service organizations in both the public and the civil society sectors.

FPD will contribute to the PEPFAR 2-7-10 goals by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7593

Related Activity: 13753, 13742, 13743, 13744, 13746, 14025, 13735, 15416

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22961	2930.22961.09	U.S. Agency for International Development	Foundation for Professional Development	9840	226.09		$20,840,687
7593	2930.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		$17,250,000
2930	2930.06	U.S. Agency for International Development	Foundation for Professional Development	2634	226.06		$8,915,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14025	8236.08	6687	4754.08		Mothers 2 Mothers	$6,775,000
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13742	7986.08	6591	226.08		Foundation for Professional Development	$950,600
13743	7987.08	6591	226.08		Foundation for Professional Development	$900,000
13744	7985.08	6591	226.08		Foundation for Professional Development	$873,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
13746	6407.08	6591	226.08		Foundation for Professional Development	$625,650

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Workplace Programs

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$50,000

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	46	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	25,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	55,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	50,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	7,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**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:	3291.08	**Planned Funds:**	$7,108,000

Activity System ID: 13735

Activity Narrative: SUMMARY:

Activities are carried out in FY 2008 to support implementation and expansion of comprehensive HIV treatment and care primarily through human resources and infrastructure development, technical assistance and training and community education and support, primarily in public sector facilities in the Eastern Cape, Free State (new geographic focus area) and KwaZulu-Natal (KZN). Columbia University will support these activities by using funds for human capacity development, local organization capacity building, and strategic information. The degree of activity effort will vary in each site, but the emphasis areas will be addressed in all sites. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV). Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants.

BACKGROUND:

Columbia University (Columbia), with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in FY 2004. Health facilities were initially identified in the Eastern Cape and in FY 2006, due to new boundary demarcations and additional PEPFAR funds, Columbia started providing similar assistance in KZN. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down referral of services from hospitals to primary health clinics. This resulted in a total of 36 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health clinics and a non-governmental wellness center. In FY 2007 an additional two health facilities in KZN received technical and financial assistance for HIV care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:

All activities are in line with South African government (SAG) policies and protocols, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs, and primarily include six programmatic areas:

ACTIVITY 1: Support Recruitment and Placement of Health Staff

Since FY 2005 Columbia has been involved in the recruitment of staff to support the HIV comprehensive program at health facilities. High staff attrition rates of Department of Health (DOH) recruited personnel have been a challenge in guaranteeing a steady enrolment of eligible PLHIV into care and treatment. Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants through existing partnerships with University of Fort Hare, Nelson Mandela Bay Metropolitan Municipality, Ikhwezi Lokusa Wellness Center, University of KwaZulu-Natal Cato Manor, and the Foundation for Professional Development (FPD). Columbia supported the recruitment and placement of approximately 15 doctors, 30 nurses (registered and enrolled nurses), 4 pharmacists, 7 pharmacist assistants and 15 trainee pharmacist assistants. These health personnel provide direct patient care in the hospitals and clinics including: clinical assessment, screening for tuberculosis (TB) and antiretroviral treatment (ART) eligibility, opportunistic infections (OI) diagnosis and management, offering OI prophylaxis and treatment, and ART. The health providers also develop patient treatment plans as part of the multidisciplinary team in the health facility; and assist patients to access relevant SAG social grants.

ACTIVITY 2: Training and Clinical Mentoring

Columbia has established a partnership with FPD to provide ARV didactic training in all supported health facilities. A second partnership with Stellenbosch University assists the rural health facility staff (St. Patrick's, Holy Cross and Rietvlei hospitals and their referral clinics), with the management of patients on ART by conducting case discussions on a monthly basis. Columbia has clinical advisors as part of its South African team consisting of nurse mentors, and medical officers who provide day-to-day clinical guidance on the management of patients on ART.

ACTIVITY 3: Strengthen ART Down and Up Referral Linkages Between Hospitals and Primary Healthcare Clinics

In the early phases of the ART program, all patients are evaluated and initiated on therapy at hospital level. Within three to six months of providing support to the hospital-based ART program, designated referral clinics are integrated into the services. In the rural health facilities, a small team of health providers, usually comprising of a medical officer, professional nurse and peer educator, travel to the primary healthcare clinics (PHC) to screen patients for OIs and to determine suitability for ART. This approach has enabled expansion of ART services at PHC level and has resulted in improving and increasing access to treatment. The team of health providers has also developed capacity of the onsite health providers and the goal is to have the onsite DOH health staff eventually provide the full package of HIV care and treatment services. In FY 2008, Columbia will continue to support linkages with the public clinics and the development of a more sustainable system of service provision.

ACTIVITY 4: HIV Care and Treatment Information System

Columbia will continue to support the implementation of a provincial information system that captures information regarding HIV palliative care and ART. Activities in FY 2008 will include:

(a) Continued implementation of facility paper-based ART registers that capture both adult and pediatric ART indicators.

(b) In collaboration with the Eastern Cape Department of Health (ECDOH) and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities that incorporates information on client ART use.

(c) Implement an ART software system. In FY 2007, Columbia in partnership with Africare (a PEPFAR partner) and Health Information System Program (HISP) customized and developed ART software that captures and collates HIV and AIDS program data. This is being adapted for data entry, and installation is

Activity Narrative: expected before the end of FY 2007. The system is being piloted at three health facilities in East London. In FY 2008, after assessing results from the pilot sites, Columbia will engage the ECDOH in discussion on how the module could be added into the existing District Health Information System to efficiently generate reports on the HIV program, and thereafter implemented at more ART services outlets.

In addition, in 2007 Columbia begun a new partnership with Disease Management system (DMS) - a patient -centered health management information system (HMIS) that operates at the patient level of care to assist health care professionals initially at 4 identified Columbia supported health facilities in Port Elizabeth to provide comprehensive care management of people living with HIV, as well as providing management information for relevant stakeholders. In FY 2008, with lessons learned from the implementation of this system, Columbia in partnership with ECDOH proposes to extend the use of this information system in all HIV and ART service delivery points, where feasible. In addition, by FY 2008, Columbia will support the implementation of similar program activities (as specified above) in newly identified health facilities in the Free State (to be determined).

d. In an effort to improve and monitor quality of activities being implemented, Columbia in FY 2007 developed a standard operating procedure (SOP) for data quality. Dissemination and use of this SOP is currently underway in all Columbia-supported facilities. In FY2008, Columbia plans to recruit a quality assurance officer who will be responsible to monitor quality of implemented activities from both a data and program perspective.

ACTIVITY 5: Improve Retention into Care and Treatment and Reduce Loss-to-Follow-Up

In FY 2006/7 Columbia begun implementing strategies to establish and mitigate the losses to follow-up in the HIV program. In the supported sites in East London, dedicated staff were hired to assist tracing and re-introducing patients lost-to-follow-up. In partnership with the Buffalo City Municipality and the ECDOH, Columbia has created an external referrals director for HIV and AIDS services for the East London environs. With the lessons learned in this initial work of tracing patients in HIV care and treatment and the development of the referral directory, Columbia plans to initiate similar support across all supported facilities in FY 2008. In addition, Columbia is developing Adherence and Social Support Unit guidelines to standardize procedures used across supported health facilities. Dissemination of these guidelines will take place in early 2008.

ACTIVITY 6: Improve and Increase Enrollment of Infants and Children into HIV Chronic Care and Treatment

In the Eastern Cape, pediatric ART enrollment is centralized at the regional and tertiary facilities, where pediatricians are heavily involved in the care and treatment of children and infants and decentralization of pediatric ART services to PHCs that are providing ART for adults has been very slow. In FY 2007 services of pediatricians were retained to train and/or mentor health staff at the facilities to improve pediatric HIV care and treatment, and this will continue in FY 2008. In addition, Columbia will continue to take advantage of the established partnership with Stellenbosch-Tygerberg to train nurses and doctors in pediatric HIV care and treatment. Recruitment for a pediatrician to spearhead all pediatric HIV activities in the Eastern Cape, KZN and Free Sate is currently ongoing.

By providing support for ARV services in the public sector and two NGO sites, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 2 million people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7302

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7302	3291.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4371	2797.07		$4,912,000
3291	3291.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2797	2797.06		$1,500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	42	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	10,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	42,400	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	38,160	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	3,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Free State

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4502.08

Mechanism: Track 1

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3290.08

Planned Funds: $4,446,000

Activity System ID: 13738

Activity Narrative: Columbia University implements a comprehensive HIV care and treatment program in South Africa that is funded with Track 1 central funding, as well as South Africa COP funding. The activities do not differ across the funding mechanisms, and this entry is thus a repeat of the South Africa COP entry. All targets are reflected in the South Africa COP entry.

SUMMARY:
Activities are carried out in FY 2008 to support implementation and expansion of comprehensive HIV treatment and care primarily through human resources and infrastructure development, technical assistance and training and community education and support, primarily in public sector facilities in the Eastern Cape, Free State (new geographic focus area) and KwaZulu-Natal. Columbia University will support these activities by using funds for human capacity development, local organization capacity building, and strategic information. The degree of activity effort will vary in each site, but all emphasis areas will be addressed in all sites. The target population will include infants, children and youth, men and women (including pregnant women) and people living with HIV (PLHIV). Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants.

BACKGROUND:
Columbia University (Columbia), with PEPFAR funds, began supporting comprehensive HIV care and treatment activities in FY 2004. Health facilities were initially identified in the Eastern Cape and in FY 2006, due to new boundary demarcations and additional PEPFAR funds, Columbia started providing similar assistance in KwaZulu-Natal. In FY 2006, in response to provincial HIV care and treatment priorities, Columbia began strengthening the down referral of services from hospitals to primary health clinics. This resulted in a total of 36 health facilities receiving technical and financial support from Columbia, including public hospitals, community health centers, primary health clinics and a non-governmental wellness center. In FY 2007 an additional two health facilities in KwaZulu-Natal (East Griqualand Usher Memorial Hospital and the Kokstad Community Clinic) received technical and financial assistance for HIV care and treatment services.

ACTIVITIES AND EXPECTED RESULTS:
All activities are in line with South African government (SAG) policies and protocols, and activities will be undertaken to create sustainable comprehensive HIV care and treatment programs, and primarily include four programmatic areas:

ACTIVITY 1: Support Recruitment and Placement of Health Staff
Since FY 2005 Columbia has been involved in the recruitment of staff to support the HIV comprehensive program at health facilities. High staff attrition rates of Department of Health (DOH) recruited personnel have been a challenge in guaranteeing a steady enrolment of eligible PLHIV into care and treatment. Columbia will continue to support the recruitment of doctors, nurses, pharmacists and pharmacist assistants through existing partnerships with University of Fort Hare, Nelson Mandela Bay Metropolitan Municipality, Ikhwezi Lokusa Wellness Center, University of KwaZulu-Natal Cato Manor, and the Foundation for Professional Development. Columbia supported the recruitment and placement of approximately 15 doctors, 30 nurses (registered and enrolled nurses), 4 pharmacists and 7 pharmacist assistants and 15 trainee pharmacist assistants. These health personnel provide direct patient care in the hospitals and clinics including: clinical assessment, screening for tuberculosis (TB) and antiretroviral treatment (ART) eligibility, opportunistic infections (OI) diagnosis and management, and offering OI prophylaxis and treatment, and ART. The health providers also develop patient treatment plans as part of the multidisciplinary team in the health facility; and assist patients to access relevant SAG social grants.

ACTIVITY 2: Training and Clinical Mentoring
Columbia has established a partnership with the Foundation for Professional Development to provide ARV didactic training in all supported health facilities. A second partnership with Stellenbosch University assists the rural health facility staff (St. Patrick's, Holy Cross and Rietvlei hospitals and their referral clinics), with the management of patients on ART by conducting case discussions on a monthly basis. Columbia has clinical advisors as part of its South African team consisting of nurse mentors, and medical officers who provide day-to-day clinical guidance on the management of patients on ART.

ACTIVITY 3: Strengthen ART Down and Up Referral Linkages Between Hospitals and Primary Healthcare Clinics
In the early phases of the ART program, all patients are evaluated and initiated on therapy at hospital level. Within three to six months of providing support to the hospital-based ART program, designated referral clinics are integrated into the services. In the rural health facilities, a small team of health providers, usually comprising of a medical officer, professional nurse and peer educator, travel to the primary healthcare clinics (PHC) to screen patients for OIs and to determine suitability for ART. This approach has enabled expansion of ART services at PHC level and has resulted in improving and increasing access to treatment. The team of health providers has also developed capacity of the onsite health providers and the goal is to have the onsite DOH health staff eventually provide the full package of HIV care and treatment services. In FY 2008, Columbia will continue to support linkages with the public clinics and the development of a more sustainable system of service provision.

ACTIVITY 4: HIV Care and Treatment Information System
Columbia will continue to support the implementation of a provincial information system that captures information regarding HIV palliative care and ART. Activities in FY 2008 will include:

a. Continued implementation of facility paper-based ART registers that capture both adult and pediatric ART indicators.

b. In collaboration with the Eastern Cape Department of Health (ECDOH) and other partners in the Eastern Cape, support the development and implementation of standardized individualized patient records for use at health facilities that incorporates information on client ART use.

c. Implement an ART software system. In FY 2007, Columbia in partnership with Africare (a PEPFAR partner) and Health Information System Program (HISP) customized and developed ART software that captures and collates HIV and AIDS program data. This ART database is being adapted for data entry, and installation is expected before end of FY 2007. The system is being piloted at three health facilities in East

Activity Narrative: London: Frere, Cecilia Makiwane and Duncan Day Village hospitals. In FY 2008, after assessing results from the pilot sites, Columbia will engage the ECDOH in discussion on how the module could be added into the existing District Health Information System to efficiently generate reports on the HIV program, and thereafter implemented at more ART services outlets.

In addition, in 2007 Columbia begun a new partnership with Disease Management system (DMS) - a patient -centered health management information system (HMIS) that operates at the patient level of care to assist health care professionals initially at 4 identified Columbia supported health facilities in Port Elizabeth (Livingstone, KwaZakhele Day Hospital, Motherwell clinic and Chatty clinic) to provide comprehensive care management of people living with HIV, as well as providing management information for relevant stakeholders. In FY 2008, with lessons learned from the implementation of this system, Columbia in partnership with ECDOH proposes to extend the use of this information system in all HIV and ART service delivery points, where feasible. In addition, by FY 2008, Columbia will support the implementation of similar program activities (as specified above) in newly identified health facilities in the Free State (to be determined).

By providing support for ARV services in the public sector and two NGO sites, Columbia's activities will contribute to the realization of the PEPFAR goal of providing care to 2 million people. These activities will also support efforts to meet HIV and AIDS care and support objectives outlined in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7964

Related Activity: 13736, 13731, 13732, 13733, 13734, 13735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22746	3290.22746.09	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	9784	4502.09	Track 1	$4,446,000
7964	3290.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4502	4502.07	Track 1	$4,446,000
3290	3290.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	2793	2793.06	Track 1	$4,173,768

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Free State

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 190.08

Mechanism: N/A

Prime Partner: Aurum Health Research

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: 2912.08

Planned Funds: $11,661,000

Activity System ID: 13688

Activity Narrative: SUMMARY:

This activity provides support services at public facilities providing antiretroviral therapy as part of the national ARV rollout and HIV care and treatment at primary health centers, clinical trial sites and general practitioner (GP) practices. ART is provided in accordance with the National Department of Health (NDOH) guidelines. The emphasis areas are renovation, human capacity development, and local organization capacity building. The primary target populations are people affected by HIV and AIDS, HIV-infected children, prisoners, homeless people and street youth.

BACKGROUND:

This is an ongoing activity funded since FY 2004, providing access to HIV care and treatment in the public, private and NGO sector. This activity takes place in the following NDOH ARV sites: (1) Madwaleni Hospital, Eastern Cape; (2) Tshepong Hospital, North West; and (3) Chris Hani-Baragwanath Hospital, Gauteng. In addition Aurum intends to provide ARV services in FY 2008 to sites added in FY 2007: (4) Ermelo Hospital, Mpumalanga, and (5) Thembisa Hospital, Gauteng. In FY 2008, Aurum intends to provide support to a further two public sector hospitals. Aurum plans to provide support for down-referral in the following areas: North West Province (Kanana clinic), Limpopo Province (Mathe-bathe clinic), Madwaleni-linked primary health centers, Gauteng down-referral program and Northern Cape (Danielskuil clinic).

A number of sub-partners are involved in implementation of this activity:

1. Faranani Network is described in the Basic Health Care and Support activity and this network supports treatment of people without medical insurance in general practitioner (GP) sites.

2. Reaction Consulting is based in the Mpumalanga Area. This is a public-private partnership with X-Strata which provides the clinics. This organization received direct PEPFAR funding in FY 2007.

3. MES Impilo, a faith-based organization based in Hillbrow, Johannesburg, functions as a home-based care center for the homeless population of Hillbrow, including street youth.

4. Medical Research Council (MRC) site based in KwaZulu-Natal, provides HIV services to prevention trial participants (microbicides, diaphragms) who are found on screening to be HIV-infected.

5. De Beers Consolidated Diamond Mines has developed a public-private partnership in the town of Danielskuil, Northern Cape where contractors and partners of employees are treated for HIV.

In addition, new sub-partners are envisaged as follows:

8. Department of Correctional Services: Aurum will provide support for HIV services including HIV counseling, laboratory monitoring and preventive therapy in two correctional facilities - the Johannesburg Correctional Facility and one other facility. The drug and laboratory costs would be funded by the South Africa Government (SAG).

Additional sub-partners involved in the implementation of central activities include:

9. S Buys will be involved with procurement, dispensing and distribution of medications and will provide pharmacy support at the Chris Hani-Baragwanath Hospital.

10. Toga Laboratories will assist with laboratory testing. Toga has negotiated with Bayer to secure reduced pricing for viral load testing for the Aurum program. Toga is piloting a new initiative to place point-of-care lactate tests at some of Aurum facilities to facilitate early recognition of ART adverse events.

11. Kimera Solutions will provide specialist HIV clinical support to doctors in the form of training and onsite mentoring with regular site visits.

ACTIVITIES AND EXPECTED RESULTS:
The program activities include:

ACTIVITY 1: Wellness of HIV-infected Individuals

Human resources, laboratory monitoring and counseling services for patients who are enrolled into HIV care are included (described in other sections of the COP). Aurum provides a continuum of care from provision of counseling, preventive therapy and preparation for ART. In some sites (MRC, Reaction) patients are referred to public health facilities for initiation of ART.

ACTIVITY 2: Provision of ARVs to Children

Provision of ARVs to children is a recent focus of the program. Aurum has partnered with Wits Paediatrics (sub-partner of Reproductive Health Research Unit) to provide training for two Aurum clinicians. These clinicians attend a pediatric clinic once a week to gain experience in pediatric care. This will help capacitate Aurum to provide ARV services at pediatric units. Aurum is actively encouraging partners to provide services to children and have provided for HIV PCR testing for children in this COP. One of the Aurum GPs is involved in routine treatment of orphans and vulnerable children and has enrolled onto the Aurum program as a provider. Also, Metro Evangelical Services and Caritas Care Centre have a few orphans enrolled onto their hospice. We will attempt to expand to other partners who provide care to orphans and vulnerable children.

ACTIVITY 3: M&E

M&E is a central component of the Aurum program. Every patient contact is recorded on a standardized form and a unique patient identifier is allocated by the central Aurum office. The information is then couriered or faxed to the central office where the data is captured in a database. Monitoring visits take place at the sites to ensure adherence to guidelines and completeness of data collection. Quarterly reports are

Activity Narrative: produced for all stakeholders. Aurum also provides a data management system for the Adult ARV clinic at Chris Hani-Baragwanath and Tshepong hospital in North West program. This system will also be implemented at Thembisa hospital.

Provision of laboratory services is per a standardized schedule of follow-up in accordance with SAG guidelines.

The program started in March 2005 and has established 60 treatment sites where about 7000 patients are receiving ART and 80% achieve virological success at 6 months.

Aurum will contribute to the PEPFAR 2-7-10 goals by providing quality HIV care and treatment services in the public, private and NGO sector.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7296

Related Activity: 13689, 13690, 13684, 14339, 13685, 13686, 13687

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29129	29129.05	U.S. Agency for International Development	Fresh Ministries	11875	11875.05		$230,971
29128	29128.05	U.S. Agency for International Development	Africare	11874	11874.05		$351,851
29127	29127.05	U.S. Agency for International Development	Project HOPE	11873	11873.05		$228,005
29126	29126.05	U.S. Agency for International Development	Samaritan's Purse	11872	11872.05		$303,393
29125	29125.05	U.S. Agency for International Development	Catholic Relief Services	551	551.05	7 Dioceses	$1,920,422
29124	29124.05	Department of Health & Human Services	Harvard University School of Public Health	1581	1581.05	APIN	$12,410,577
29123	29123.05	Department of Health & Human Services	Harvard University School of Public Health	544	544.05	HRSA Track 1.0	$0
29122	29122.05	U.S. Agency for International Development	Children's AIDS Fund	11871	11871.05		$717,127
29121	29121.05	Department of Health & Human Services	American Association of Blood Banks	193	193.05		$676,438
29120	29120.05	U.S. Agency for International Development	Adventist Development & Relief Agency	11869	11869.05		$387,800
22611	2912.22611.09	HHS/Centers for Disease Control & Prevention	Aurum Health Research	9737	190.09		$10,253,724
7296	2912.07	HHS/Centers for Disease Control & Prevention	Aurum Health Research	4369	190.07		$7,850,000
2912	2912.06	HHS/Centers for Disease Control & Prevention	Aurum Health Research	2626	190.06		$2,300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13689	13689.08	6574	190.08		Aurum Health Research	$242,500
13690	13690.08	6574	190.08		Aurum Health Research	$447,000
13684	3323.08	6574	190.08		Aurum Health Research	$1,150,000
13685	2914.08	6574	190.08		Aurum Health Research	$1,338,200
13686	2915.08	6574	190.08		Aurum Health Research	$1,340,000
13687	2913.08	6574	190.08		Aurum Health Research	$3,651,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	127	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	10,850	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	25,565	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,135	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2790.08

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3288.08

Planned Funds: $4,179,000

Activity System ID: 13714

Activity Narrative: SUMMARY:

Activities are implemented to support provision of quality ARV services under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 sites in 8 provinces in South Africa. Major emphasis will be on human capacity development and local organization capacity building. The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) has received Track 1 funding since FY 2004 to rapidly scale up antiretroviral therapy (ART) in 9 countries, including South Africa. Since FY 2005, South Africa in-country funding was received to supplement central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008 AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ARV rollout. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV services will be provided through the 25 sites to ARV patients through clinic-based and home-based activities to optimize quality of life for HIV-infected clients and their families. All the relevant healthcare providers and administrative support staff at the sites will be trained to implement the ART program, using government-approved training curricula. Staff who have already received initial training will undergo refresher courses (either in-house or external), coupled with exchange of training courses and materials between sites with active support from the local training provider, Kimera training center. Treatment adherence training is provided to all patients who are enrolled on the ART program.

In most sites home-based care networks will follow up and support patients. This follow-up is conducted through direct visits to patients through the extensive home-based care outreach at the SACBC sites, while IYD-SA sites follow up through means of telephonic contact in most cases. In case the patient cannot be reached, a "treatment buddy" is contacted to inquire the whereabouts of the patients who did not come back for the monthly drug package. Inevitably, some patients become lost-to-follow-up in spite of all the efforts to locate them, due to migrating populations and illegal immigrants served by the program. This number currently stands at less than 4% of the patients ever enrolled on the program.

Each site ensures that HIV-infected patients are screened for tuberculosis (TB) prior to placing them on antiretroviral treatment, and are referred to TB treatment if they tested positive. Screening and testing for TB is conducted in a number of different ways, and these testing methods are specific to each site. While screening is conducted by a medical professional at each of the sites, in most cases patients are referred to the nearby SAG medical facility for TB testing and are only enrolled in antiretroviral treatment once they have completed two months of TB treatment, or have been found not to have active TB.

PEPFAR funding will also be used to support laboratory services, which are outsourced to a private provider, Toga Laboratories (a new PEPFAR partner since FY 2007). A courier service collects blood that is drawn at each site, and delivers these samples to the laboratories. Results are e-mailed or faxed back to the site within 48 hours of the laboratory receiving the blood samples.

The program is designed to improve each site's capacity to implement the national ART program in the long -term, and to strengthen clinical, administrative, financial and strategic information systems. Sites will be assisted in developing appropriate policies and protocols and in setting up sound financial and strategic information systems. Each site will also develop a unique community mobilization plan for the ART program and implement it in collaboration with relevant community organizations and leaders. Many of the sites are already involved in HIV and AIDS community mobilization activities and these will be linked to ART services. These lessons learned will be of value to other partners working in the non-governmental organization (NGO) sector.

All activities will continue to be implemented in close collaboration with the Department of Health HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, and this will directly contribute to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities with those implemented by the South African Government, thus ensuring long-term sustainability.

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by having the SAG provide antiretroviral drugs, or by down referring stable patients into the SAG's primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo receives drugs from the National Department of Health due to its status as a down referral clinic for Stanger Hospital, and at a further two sites, Centocow and Bethal, all patients already receive drugs via the SAG rollout. Monthly statistics are shared with the South African National Department of Health, as well as with relevant provincial health departments in provinces where AIDSRelief implements the program.

There is a concerted effort to include men and children in the program, and all sites have specific plans to increase enrolment, including couple counseling and using a family-based approach. Although there is no specific PMTCT program, eligible pregnant women are provided with triple therapy to ensure maximum viral suppression to prevent the transmission to the baby. Newborn babies are provided with monotherapy after birth. AIDSRelief sites are encouraged to provide babies with cotrimoxazole after 4-6 weeks of life, and

Activity Narrative: PCR testing is conducted when relevant. Mothers are encouraged to use safe feeding practices as appropriate to individual circumstances. Most sites have clinic-based gardens to assist with nutrition programs, and several sites provide nutrition supplements, as per South African treatment guidelines. All sites provide ART access to non-South Africans, including refugees. Some of the AIDSRelief sites also receive PEPFAR and other funding through different sources for the provision of OVC care. The overlapping of these services provides OVC with access to both care and treatment services provided under the program.

In terms of the continuous qualitative review of the program, the annual clinical evaluation is done on available patient data by two South African ART experts, who not only evaluate the data within the program but also compare it to other large resource-limited programs, such as the program in Khayelitsha.

Even though prevention is not a specific program activity of the overall program, it is promoted through provision of information to patients regarding HIV and prevention of spreading the virus (prevention for positives). Secondly, skills training is provided to vulnerable populations, empowering them to make safer choices about their lives. Additionally, AB messages are shared with the target population, as well as accurate information regarding condoms is provided.

The CRS treatment program supports the PEPFAR goal of treating 2 million people with antiretroviral drugs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7487

Related Activity: 13710, 13711, 13712, 13713, 13715, 13716

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22650	3288.22650.09	HHS/Health Resources Services Administration	Catholic Relief Services	9747	2790.09		$2,355,878
7487	3288.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		$3,650,000
3288	3288.06	HHS/Health Resources Services Administration	Catholic Relief Services	2790	2790.06		$2,209,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13716	3286.08	6581	2792.08	Track 1	Catholic Relief Services	$4,372,523

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	25	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	8,524	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	24,829	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	19,498	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 268.08

Mechanism: N/A

Prime Partner: Population Council SA

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: 7861.08

Planned Funds: $970,000

Activity System ID: 14273

Activity Narrative: SUMMARY:

ARV services are being rolled out in a phased approach in South Africa, however, barriers to accessing treatment remain at the community and health facility level, particularly for children and OVC. Data from public sector sites also reveal that counseling and testing (CT) is not acting as an effective entry point for treatment, care and support services due to poor linkages and referral systems. The Population Council (PC) will address issues concerning accessing treatment through 3 key activities with an emphasis on linkage and referral networks. The emphasis areas are human capacity development, local organization capacity building and wraparound (health).

BACKGROUND:

Over the past two years, the PC has worked closely with projects that specifically seek to increase access to antiretroviral treatment (ART) through different entry points at health facilities. Data from three separate projects show that major barriers still exist. A recent study showed that HIV-infected children in communities do not have access to ART for several reasons, including limited availability of PMTCT interventions, the limited number of facilities offering treatment, caregivers' ignorance of the HIV status of children, and a lack of programs addressing access to ART. Group discussions with caregivers and OVC service providers, as part of an elderly caregivers intervention, showed that the caregivers had very little knowledge and information on ART for children as well as relevant prevention issues. Data from public sector sites in North West province reveal that once tested for HIV, few clients are referred for assessment, treatment, wellness, or care and support services. Thus CT is not acting as an effective entry point for these services. This activity area addresses the strengthening of three key entry points to ART delivery. The following interventions are ongoing and will be expanded.

ACTIVITY 1: Access to Integrated Family Planning (FP) and ARV Services

The integrated FP and ART service provision will be consolidated at both FP services as well as in ART and other HIV related services in three sub-districts in North West Province. Training and technical assistance will be provided to ARV and FP providers, district program management staff, lay counselors and health informatics personnel. Training content will include the rationale for integration, proficiency in using various integration job aides, referral and linkages, documentation, recordkeeping and loss-to-follow-up. Where feasible support will be provided to strengthen the health facility based intervention to include the establishment of support groups for HIV positive clients on ART. The National Department of Health (NDOH) will be provided with technical assistance to inform the development of a strategy and inform guidelines for the integration of ART and FP. Particular attention will be given to ART and FP services for youth. Target groups for this activity include NDOH program managers and other implementing agencies. The third strategy in this activity will focus on addressing stress and burnout amongst providers of ART and CT, including providers of post-rape services in North West Province. The PC will work with providers and a psychologist to structure and initiate mechanisms to introduce peer education and support for ART, CT and sexual assault services providers. This activity will inform the development of materials for debriefing providers working in HIV related services.

ACTIVITY 2: Expanding Access to ARV Services through the Family-Centered Approach (FCA)

The family-centered approach is currently being tested at three centers; Tapologo group of health facilities, Royal Bafokeng (both in North West province) and Cecilia Makiwane in East London (Eastern Cape province). The FCA involves recruiting family members, specifically children, to access CT and subsequently, treatment services at health facilities. Identification and contact with primary patients will be made at CT and PMTCT sites and through immunization and child health programs. Support to improve CT as an entry point to care and treatment services is the focus of this activity.

ACTIVITY 3: Expanding OVC Treatment Access

Based on earlier work conducted on the elderly and caregivers in the Eastern Cape, and work by NGOs focusing on orphans and vulnerable children (OVCs), FY 2008 funds will be used to conduct the following interventions: (a) develop the capacity of OVC service providers to engage in relevant ART related services (e.g. referral to HIV testing, ART and TB services); (b) Develop and implement training for caregivers that combines information on obtaining HIV treatment (e.g., treatment literacy, side-effects, nutrition, adherence, how to access ART facilities) and provide care and support with HIV prevention and life skills for OVC. The HIV prevention and life skills components will focus on the ABC prevention strategy. The caregiver training will be designed to provide regular support to the caregivers and to address the psychosocial needs of the caregivers; (c) Develop referral networks and linkages between caregivers and service providers in the community to increase HIV testing, ART services and HIV related care for OVC. Concerns around disclosure of HIV status of children and counter stigma faced by infected children and affected caregivers and families will be addressed.

These activities support the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7861

Related Activity: 14269, 14574, 14270, 14575, 14271, 14272, 13365, 16316, 16317

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23035	7861.23035.09	U.S. Agency for International Development	Population Council SA	9878	268.09		$0
7861	7861.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14269	2971.08	6759	268.08		Population Council SA	$291,000
14270	3804.08	6759	268.08		Population Council SA	$376,000
16316	16316.08	7412	7412.08	APS	Population Council SA	$350,000
14574	14574.08	6759	268.08		Population Council SA	$400,000
16317	16317.08	7412	7412.08	APS	Population Council SA	$350,000
14271	2968.08	6759	268.08		Population Council SA	$582,000
14272	2970.08	6759	268.08		Population Council SA	$339,500
13365	12332.08	6451	6151.08		Academy for Educational Development	$2,808,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	48	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	60	False

Indirect Targets

Population Council, through its various approaches described above, will assist a significant number pf people access to quality ARV treatment. They will also indirectly support treatment by providing the support networks necessary to keep people on treatment.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2787.08	**Mechanism:**	N/A
Prime Partner:	Absolute Return for Kids	**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:	3283.08	**Planned Funds:**	$5,820,000
Activity System ID:	13348		

Activity Narrative: SUMMARY:

ARK's focus is to provide ART and accompanying support to HIV-infected caregivers of children, their spouses, and children. Primary emphasis areas are renovation, human capacity development, and local organization capacity building. Target populations include OVC, people living with HIV (PLHIV), HIV-infected pregnant women, HIV-affected families, and caregivers.

BACKGROUND:

ARK is a charity organization whose mission is to facilitate and support delivery of accessible and sustainable comprehensive treatment, care and support services to children and their caregivers in communities affected by HIV and AIDS. In partnership with the KwaZulu-Natal Department of Health (KZNDOH), ARK, as the implementing partner, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with the KZNDOH to identify sites and areas for capacity building, including human resources, modest infrastructure support, and organizational capacity development. PEPFAR funding has enabled ARK to successfully enroll over 15,000 patients in ART in KZN. FY 2008 funding will enable ARK to provide ARV treatment to existing and new patients, strengthen the infrastructure of the ARV delivery system in targeted sites, provide human resources, and build local institutional capacity to deliver ARV services. ARK provides treatment in accordance with national treatment guidelines.

ACTIVITIES & EXPECTED RESULTS:

ARK's primary objective is to keep mothers alive to continue caring for their children. The primary caregiver's continued survival and potential ability to earn a living while receiving ARV treatment will have a substantial impact on the extended family.

ACTIVITY 1: Support to KwaZulu-Natal Department of Health

ARK works with the KZNDOH to develop the necessary processes and systems to manage the ARV program, to ensure that the model created is scaleable, sustainable and replicable elsewhere. Capacity-building is site specific. Upon identification of a site, an analysis of the needs of each site will be done with respect to staffing (doctors, nurses, pharmacists and pharmacy assistants), clinical equipment, management systems, patient advocacy and temporary structures. The most pressing requirements are met in order to speed up the ability of patients to receive treatment. Where necessary ARK provides support in the ARV site and pharmacy accreditation process.

ARK's ARV program focuses on a network of clinics operating within a district, in order to create a sustainable and efficient system that supports the continuum of care and up and down referral. While patients are being assessed for treatment, a community health worker (CHW) from ARK's palliative care program is allocated to the patient. This CHW will conduct a pre-treatment home visit and will provide ongoing support to the patient and his/her family. Should a patient be non-adherent or lost-to-follow-up, the CHW will investigate the reasons for this, acting as the link between the patient and the clinic. ARK facilitates the integration process for ART, TB, other palliative care, and maternal HIV services.

ACTIVITY 2: Human Resources

ARK conducts a thorough needs analysis of human resource capacity prior to initiating support to the treatment program at each site. Once it has been determined that KZNDOH has budgeted for the identified posts needed within a period of three years, ARK recruits all the necessary medical staff required for the successful rollout of ART. The staff recruited vary from site to site but include doctors, nurses, pharmacists and pharmacy assistants. In addition ARK employs data capturers for monitoring and evaluation of the program.

ACTIVITY 3: Family-Centered Treatment Services

Although ARK's primary goal is to provide ARV service support to primary caregivers with children, ARK assists in the treatment of all HIV-infected adults and children requiring ART at ARK sites in KZN. All patients considered for ART need to meet both medical and psychosocial criteria before starting therapy. The psychosocial criteria are designed to ensure that the patient is prepared and ready to adhere to ART. All patients being assessed undergo a treatment literacy program and are educated about positive living. Patients are encouraged to motivate their partners/spouses to get tested and, if necessary, enter the treatment program. Although ARK's treatment target population is predominantly mothers and children, increased attention is being given to encourage and increase male partner (and men in general) participation. ARK-employed doctors and nurses are responsible for treatment management, patient consultations and the treatment of opportunistic and sexually transmitted infections. Pharmacists are responsible for the dispensing of medication.

ACTIVITY 4: Pediatrics

HIV-infected parents and caregivers will be encouraged and educated by the medical staff to get their children tested and to enter the treatment program where indicated. Staff in the local midwifery and obstetric units will be trained to refer HIV-infected mothers and their babies to the ARK ART program, ensuring access to full ART services when indicated. All at-risk infected infants with HIV diagnosis confirmed by PCR will be monitored, and have immediate access to ARVs and related services including the preventive package of care. Children identified through ARK's OVC program (also PEPFAR-funded) will be referred to the clinic by community care workers and social workers.

ACTIVITY 5: Human Capacity Development

Key staff are provided with a two week orientation training which covers all aspects of ARK's ARV program areas including employee policies and procedures, onsite mentorship from experienced ARK staff, and an introduction to key performance areas. The areas covered in training include: ARV treatment guidelines for adults and children, adherence, opportunistic and sexually transmitted infections as well as the value of

Activity Narrative: community access, adherence and refresher on prevention, including prevention for HIV-infected people. Staff are invited and encouraged to attend formal training offered by external providers including other PEPFAR partners such as the Foundation for Professional Development (FPD).

ACTIVITY 6: Reporting and Quality Assurance/Improvement

ARK provides computers and employs data capturers at all sites. Data is captured from patient folders and transferred to ARK's data center, allowing for ongoing evaluation and outcome analysis. Adherence rates, death rates and loss-to-follow-up are closely monitored. Quarterly updates are provided to the KZNDOH and information is used within the clinics to strengthen service delivery. To ensure high standards and quality of care in line with the national guidelines, all ARK staff are provided onsite, on-the-job training. This is followed up with regular onsite mentorship and site evaluation by ARK's national executive and provincial management teams. Informal training sessions are conducted quarterly by national staff. Staff are also encouraged to attend formal external training courses offered by FPD.

These activities contribute to PEPFAR's 2-7-10 goals by increasing the number of South Africans on treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7507

Related Activity: 13355, 13344, 13345, 13346, 13347, 14256

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22558	3283.22558.09	U.S. Agency for International Development	Absolute Return for Kids	9722	2787.09		$4,576,503
7507	3283.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		$4,145,000
3283	3283.06	U.S. Agency for International Development	Absolute Return for Kids	2787	2787.06		$1,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13355	13355.08	6447	2787.08		Absolute Return for Kids	$727,500
13344	12351.08	6447	2787.08		Absolute Return for Kids	$824,500
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
13346	7886.08	6447	2787.08		Absolute Return for Kids	$970,000
13347	7883.08	6447	2787.08		Absolute Return for Kids	$194,000
14256	12337.08	6755	6155.08	UGM	Pact, Inc.	$2,140,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	42	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	16,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	41,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	24,360	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	180	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	1066.08	**Mechanism:**	PHRU
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit	**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:	3101.08	**Planned Funds:**	$11,185,000
Activity System ID:	14268		

Activity Narrative: SUMMARY:

The Perinatal HIV Research Unit (PHRU) provides comprehensive care and support for people living with HIV (PLHIV). PHRU will use PEPFAR funds to provide high quality, holistic ARV treatment and psychosocial support in Soweto (Gauteng), rural Limpopo and Mpumalanga, and the Western Cape. PHRU will also use PEPFAR funds to provide personnel and ARV drugs for these services. Clients are provided with ART, pre-treatment literacy, adherence counseling and access to adherence support groups. Linkages from CT, PMTCT, and palliative care will be strengthened. The emphasis areas for ARV services are renovation, gender, human capacity development, local organization capacity building, and TB. A family-centered approach targets HIV-infected adults and children.

BACKGROUND:

Since 1998 PHRU has provided comprehensive treatment, care and support to PLHIV. Since 2004, PEPFAR funding has supported ARV treatment and South African Government (SAG) ART sites in Gauteng, rural Limpopo and Mpumalanga provinces, and the Western Cape. PHRU purchases ARVs and provides treatment for adults and children. PHRU's family-centered approach encourages clients to bring partners and other family members for testing and treatment. PHRU is expanding activities to scale up government ART sites and to investigate down referral systems. With FY 2008 funds, PHRU will work with provincial health departments to ensure safe transfer of participants to ongoing care within the SAG rollout program. PHRU will support, train and mentor healthcare workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national guidelines for ART. PHRU provides regular training on ART issues such as adherence, medical treatment, and appropriate regimens. A NGO partner, HIVSA, provides all sites with psychosocial support programs providing community-based support, support groups and education. They cover issues such as basic HIV and AIDS information, HIV services and treatment, treatment literacy, adherence, TB, positive living, nutrition, prevention, opportunistic infections and TB. The comprehensive care approach leads to stigma reduction, increased disclosure, and improved adherence to ART. Throughout the comprehensive program, PHRU has established a continuous set of assessment functions to improve the quality of care at ART service sites.

ACTIVITIES AND EXPECTED RESULTS:
All of the activities described in this section will be continued and expanded with FY 2008 funds.

ACTIVITY 1: Adults, Soweto

Funding from PEPFAR supports women on treatment in the family-centered PMTCT program. The program is ongoing and provides treatment, monitoring and support for adults who meet SAG guidelines for treatment. HIVSA provides treatment literacy and adherence support.

ACTIVITY 2: Pregnant Women, Soweto

This program has been initiated in the maternity section at Bara in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto 8,000 pregnant women are identified annually as HIV-infected, with around 1,600 needing treatment. Following SAG guidelines, pregnant women eligible for treatment are offered HAART. In order to fast-track women onto treatment, PHRU is training and mentoring doctors and nurses. The program is being expanded to other ART sites in the area through FY 2008 funds. HIVSA provides treatment literacy and adherence support.

ACTIVITY 3: Children, Soweto

The PHRU identifies HIV-infected children who need treatment through PMTCT and children of adults who are already on treatment. As part of a comprehensive family-centered approach, these children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU according to USG and SAG guidelines. Staff is trained on an ongoing basis in pediatric ART.

ACTIVITY 4: Rural Mpumalanga and Limpopo

At Tintswalo Hospital, Limpopo, in partnership with Rural AIDS Development Action Research Program (RADAR), adults and children are identified as needing treatment in the palliative care and PMTCT programs. RADAR supports the ART site at this hospital, as well as Mapulaneng hospital, and is assisting other sites for ART accreditation. Human capacity building is fundamental to sustainability of the program and PHRU provides staff, training and mentoring existing treatment staff. HIVSA offers district-wide support in the primary care clinics that includes treatment literacy, adherence counseling and group support for these clients.

ACTIVITY 5: Tzaneen, Limpopo

PHRU in partnership with the University of Limpopo is supporting the Limpopo Department of Health wellness program operating in the district's primary healthcare clinics. Currently clients are referred to the ART sites including Letaba hospital and CN Phatudi hospital. Through Choice, a local NGO, clients are provided with a treatment readiness program, referred to rollout sites when they become eligible for treatment and given adherence support. Due to vast distances to the hospitals, clients on ART are supported in local primary care clinics.

ACTIVITY 6: Franchise, Gauteng

This program targets uninsured workers in densely populated areas in Johannesburg. ARVs are made available and affordable through a franchising scheme, and supplied free of charge or at significantly discounted rates to patients unable to purchase their own medication. ARV drugs are procured and supplied within the service by trained providers. This program provides a stand-alone ART full service clinic in Johannesburg and provides lessons learned about demand for ART outside the public sector, willingness and ability to pay for services, and the cost-effectiveness of this model of delivery.

ACTIVITY 7: Western Cape

Activity Narrative:

A number of partners and SAG ART sites have been identified in the Western Cape that need support to scale up their activities. These include the Desmond Tutu HIV/AIDS Foundation, the University of Cape Town and Stellenbosch University. These partners are supporting SAG ART sites and provide training, mentoring and support. Many ART sites in tertiary hospitals are reaching capacity and the PHRU is establishing innovative down referral mechanisms.

In FY 2008, all activities will expand. Additional partners are likely to be identified in order to increase access to treatment. A specific emphasis will be placed on pediatric treatment. In addition, tracing and tracking programs will be implemented to ensure retention in care. Renovations will be made as necessary per facility. Training for all categories of health workers and task shifting strategies will be implemented in FY 2008. Task shifting focuses on the effective utilization of existing staffing skills.

These activities will contribute substantially to the PEPFAR 2-7-10 goal of providing ARV treatment to two million people by supporting SAG treatment sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7597

Related Activity: 14262, 14263, 14264, 14265, 14266, 14267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23644	3101.23644.09	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	10256	1066.09	PHRU	$8,349,780
7597	3101.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	$7,900,000
3101	3101.06	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	2710	1066.06	PMTCT and ART Project	$3,407,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14262	3103.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,837,180
14263	7881.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$369,570
14264	3102.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$1,619,000
14265	3099.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$873,000
14266	3100.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$773,000
14267	3331.08	6758	1066.08	PHRU	Wits Health Consortium, Perinatal HIV Research Unit	$6,305,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	35	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	16,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	24,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gauteng

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	255.08	**Mechanism:**	TASC2: Intergrated Primary Health Care Project
Prime Partner:	Management Sciences for Health	**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: 2948.08

Planned Funds: $588,000

Activity System ID: 14001

Activity Narrative: SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the National Department of Health (NDOH) will support the provision of ART services to those who have tested positive in 15 hospitals and 35 feeder clinics in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). IPHC will assist the districts in implementing the National Department of Health Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa (Comprehensive Plan) by assisting designated sites to meet the ARV accreditation requirements. IPHC will mentor and support the management team at facility and district level to implement the ARV program in accordance with the norms and standards of the Comprehensive Plan to increase access to ARV therapy through increased number of service points for providing ARV services. IPHC will build on its success of supporting accredited facilities and will continue to support others within the same district through the accreditation process. Integration of the ARV program into the routine primary health care (PHC) services will also be a key focal area to ensure that client adherence to ARV therapy is improved.

The emphasis area is human capacity development. The target population will be men and women (of reproductive age), family planning clients, pregnant women (including HIV-infected women), people living with HIV (PLHIV), affected families and caregivers of orphaned and vulnerable children (OVC), and healthcare providers (nurses) and other healthcare workers.

BACKGROUND:

This is an ongoing activity continuing from FY 2007. IPHC will continue to support the districts to address the increasing demand for ARVs in South Africa. IPHC will support health facilities in providing a continuum of care through the primary, secondary and tertiary level. This will be done by strengthening the ARV program at hospital level, improving referral to feeder clinics of the hospitals and strengthening community support for those patients on ARV, through direct referrals Community Based Organizations (CBOs) that are working with the facilities. The ARV program will be integrated with other HIV and AIDS services as well as PHC services to ensure sustainability. IPHC will continue to increase the number of accredited sites that are able to provide clients with ARV treatment. Working in 5 different provinces, the project will share good practices and lessons learnt from one site to the other. This will facilitate rapid start-up and fast-track accreditation of new sites. Staff training will include training of pharmacists, pharmacy assistants and professional nurses on drug management, staging and drug adherence strategies. Training will include monitoring drug interactions, ongoing counseling and support for adherence and well-being, as well as down-referral to community networks and home-based care service providers. IPHC will ensure adherence to the NDOH policy and drug protocols through supportive supervision and onsite mentoring. IPHC will visit each facility at least twice a month to provide onsite mentoring and support to facility staff. Using an assessment tool developed by the project, IPHC will assess ARV programs in terms of leadership for sustainability of the program, staff capacity, availability and management of ARV of drugs, laboratory services for CD4 count testing and viral load assessment, and the comprehensiveness of the care provided; including community involvement in the program. This will facilitate the improvement of staff skills in providing quality clinical and counseling services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Supporting the ARV Accreditation Process

IPHC will support the districts by preparing designated sites for the accreditation process; working with the DOH site ARV task team to develop an ARV implementation plan for the site; training of healthcare providers in assessment and screening of patients for ARV therapy; screening for and treatment of opportunistic infections, adherence counseling, and nutrition counseling; training of community health workers as treatment supporters, on nutrition counseling, and adherence counseling; training healthcare providers to recognize adverse drug events and assist districts to develop an algorithm for continuum of care from counseling and testing to treatment, care and support and preparing healthcare providers at clinic level to assess clients for ARV; and implementing patient readiness program for ARV therapy. This process, guided by the SAG accreditation strategy, will result in an increased number of eligible clients on ARV therapy, and increased capacity of healthcare workers trained in the delivery of ARV services.

ACTIVITY 2: Linkages and Referrals

IPHC will facilitate linkages and referrals with other institutions such as TB hospitals, hospice and other home-based care services to ensure clients are also screened for ARV treatment and are referred to the appropriate service delivery point for ARV initiation and follow-up. Activities will include: conducting an assessment of referral systems between public and private sector and community-based initiatives; determining possible gaps in the referral system, developing referral systems with the various stakeholders; training service providers in other sectors; training service providers in follow-up care; and ongoing monitoring of the patient on ARV therapy. The result will be functional integration of ARV services with other health services within the district.

ACTIVITY 3: Mentoring

IPHC is currently supporting the accredited sites by visiting the sites twice a month, using the assessment tool to identify the strengths and weaknesses of each program. An intervention program to improve the services is developed with the ARV team that includes hospital doctors, pharmacists, pharmacy assistants, laboratory technicians, professional nurses and the leadership of the hospital. In addition IPHC will focus on improving the quality of care provided. Using the Supervisors Manual, IPHC will review the quality of care provided to all patients on ARVs as well as the quality of the PMTCT program and the ongoing counseling provided to patients on ARVs. With the aim of increasing the number of HIV positive patients who are accessing Family Planning service, IPHC will use an in-depth assessment tool to ensure that all ARV sites meet the minimum requirements for providing FP to clients, including the availability of different contraceptive methods and adherence to standards and protocols.

The IPHC activities contribute to the PEPFAR 2-7-10 goals.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7553

Related Activity: 13996, 13997, 13998, 13999, 14000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23103	2948.23103.09	U.S. Agency for International Development	Management Sciences for Health	9900	255.09	TASC2: Intergrated Primary Health Care Project	$0
7553	2948.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	$400,000
2948	2948.06	U.S. Agency for International Development	Management Sciences for Health	2644	255.06	TASC2: Intergrated Primary Health Care Project	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13996	2952.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$194,000
13997	2949.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$794,250
13999	2950.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$400,000
14000	2951.08	6681	255.08	TASC2: Intergrated Primary Health Care Project	Management Sciences for Health	$339,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	20,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	15	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,900	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	7,110	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	400	False

Indirect Targets

IPHC will assist provinces in fast tracking the accreditation process of identified sites for the provision of ARV therapy to qualifying HIV positive clients. IPHC will also assist the districts in identifying sites for ARV accreditation through conducting readiness assessments. Once accredited, these sites will increase ARV roll out services following the South African Government national treatment guidelines. Through this process, IPHC will be indirectly assisting more HIV-infected individuals to access treatment.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4751.08	**Mechanism:**	N/A
Prime Partner:	L-Step	**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: 8249.08 **Planned Funds:** $0

Activity System ID: 13995

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds. This will NOT be continued with FY 2008 funding.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8249

Related Activity:

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 193.08 **Mechanism:** N/A

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation **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: 2917.08 **Planned Funds:** $5,510,000

Activity System ID: 13767

Activity Narrative: BACKGROUND:

The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy amongst HIV-infected persons by increasing access to care and treatment services and service utilization. Primary emphasis areas are human capacity development and expansion of services through training and task shifting, local organization capacity building, development of infrastructure, policy and guidelines, and strategic information. Primary populations to be targeted include infants, men and women, pregnant women, people living with HIV (PLHIV), and public and private healthcare providers.

Project Help Expand ART (HEART) will expand geographic coverage of services in FY 2008. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. The program's focus is on integrating PMTCT services to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.

EGPAF utilizes PEPFAR resources to complement those of the KwaZulu-Natal (KZN) Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations (NGOs). These resources fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work with the government and partners to transition programs to South Africa government (SAG) support.

EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KZN.

The existing sites are:

(1) McCord Hospital, Durban
(2) AHF (Ithembalabantu Clinic), Umlazi, Durban
(3) KZNDOH, Pietermaritzburg Up/Down-referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics),
(4) KZNDOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District.

This partnership with the DOH will be expanded to the whole Free State province, to Ramotshere Moiloa (Zeerust) and Tswaing (Delareyville) sub-districts in the North West, to all of the Umgungundlovu and Zululand districts in KZN, and the Eastern Ekurhuleni and Lesedi sub-districts in Gauteng.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

EGPAF will support training of healthcare providers on the following:

1. Screening and treatment of TB/HIV and opportunistic infections, ART in pregnancy, and referral systems (between PMTCT and ART);
2. Supporting systems to improve access to care and treatment of children (including early infant diagnosis);
3. Capacity building at sites for implementation and management of the comprehensive care, management and treatment support program;
4. M&E;
5. Project management; and
6. Funding health workers to complete a HIV and AIDS Diploma at the University of KwaZulu-Natal.

In addition EGPAF will provide technical assistance for the creation of outreach programs to build capacity at primary healthcare (PHC) clinics for downward and upward referral in order to maintain patients on ART, initiate new patients on therapy, and decongest treatment sites that have reached capacity.

ACTIVITY 2: Down Referral Process

The KwaZulu-Natal Health Department (KZNDOH) started providing comprehensive care and treatment services to HIV-infected patients in May 2004 at hospital level. PHC clinics will be capacitated so that they are able to manage stable patients on ART referred down from the hospitals or community health centers (CHCs), and also up refer those that are eligible for initiation of ART to hospital or CHCs that are ARV accredited sites.

The KZNDOH aims to make ART accessible to all by expanding and strengthening existing HIV and AIDS care and treatment service delivery. A number of CHCs have been accredited by the national and provincial health departments and will initiate ART. The PHC clinics conduct rapid HIV testing, CD4 testing and provide the first, second and third adherence counseling sessions, which is also done at CHC and hospital level, and then refer patients to accredited CHCs or hospitals for initiation. The KZNDOH has identified the Pietermaritzburg and Zululand Districts as areas needing immediate support as they are poorly resourced with high HIV seroprevalence rates. The KZNDOH has requested that EGPAF support be extended to these districts. The districts have identified clinics where stable patients on treatment can be referred to continue ART management.

ACTIVITY 3: Pediatric Care and Treatment

EGPAF's goal is to ensure that 10 percent of all patients on treatment are children, which has not been achieved in the Zululand district. To strengthen pediatric HIV care and treatment, EGPAF will provide training on early infant diagnosis, pediatric HIV clinical staging and diagnosis and ART in children, in addition to provision of staff, strengthening the linkages between PMTCT and care and treatment.

Activity Narrative: The Edendale and Northdale pediatric HIV clinic has the largest cohort of pediatrics in the province on ART. The hospital down refers stable patients to the care of the PHC clinics to free up space for new pediatric patients.

EGPAF aims to:

1. Increase the rate of down referral of stable children on ART;
2. Increase the up referral of new eligible children for initiation of therapy; and
3. Improve linkages between PMTCT programs and care and treatment programs.

EGPAF will provide financial and technical support to eight PHC clinics in the catchment area of the Edendale and Northdale hospital in Pietermaritzburg, thus capacitating them to: (1) receive and manage transferred stable pediatric patients on ART from the pediatric HIV clinic; and (2) provide screening and preparation of eligible HIV-infected patients at three PHC facilities for up referral and initiation of ART at Edendale Hospital Pediatric HIV clinic. The same approach will be applied as we expand to other provinces, namely Free State, North West and Gauteng Provinces.

ACTIVITY 4: Counseling and Testing (CT)

The focus of this activity will be on strengthening comprehensive HIV and AIDS care and treatment services using a family-centered approach to increase access to CT, by fast-tracking TB, STI, and family planning patients to CT; to integrate PMTCT with HIV and AIDS care and treatment; to improve referral of eligible pregnant mothers, partners, family members, and HIV-infected infants and children to treatment sites; to screen for opportunistic infections. With this focus, EGPAF will increase pediatric care and treatment, couple counseling, partner testing, and testing for siblings. For patients who test HIV positive and are not yet eligible for ART, they will be retained through wellness clinics, support groups, patient tracking, etc. The overall goal is to expand coverage of HIV and AIDS care and treatment services to reach mothers, partners and children who would not otherwise have access to these services.

The increase in funding in FY 2008 will be used to expand EGPAF program activities viz. human capacity development, down-referral process, pediatric care and treatment as well as counseling and testing activities to the Free State, North West and Gauteng Province. In addition, EGPAF will strengthen M&E systems at all levels of service delivery.

The activities contribute to the PEPFAR 2-7-10 goals.

With FY 2008 reprogramming funds, EGPAF will provide additional support to the Free State and North West Department of Health (Bojanala District) to provide integrated HIV, TB, PMTCT and HIV care and treatment services. This will include a focus on strengthening the down-referral program in both provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7653

Related Activity: 13763, 13764, 13765, 13766, 13769

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22767	2917.22767.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9790	193.09		$1,913,973
7653	2917.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		$3,300,000
2917	2917.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2628	193.06		$1,220,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13763	7969.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$2,925,000
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
13765	7968.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,070,000
13766	3806.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$455,000
13769	3296.08	6602	2255.08	track 1	Elizabeth Glaser Pediatric AIDS Foundation	$5,283,351

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	86	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	19,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	80,717	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	59,731	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	192	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2255.08

Mechanism: track 1

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3296.08

Planned Funds: $5,283,351

Activity System ID: 13769

Activity Narrative: Elizabeth Glaser Pediatric AIDS Foundation implements a comprehensive HIV care and treatment program in South Africa that is funded with Track 1 central funding, as well as South Africa COP funding. The activities do not differ across the funding mechanisms, and this entry is thus a repeat of the South Africa COP entry. All targets are reflected in the South Africa COP entry.

BACKGROUND:

The long-term goal of the EGPAF care and treatment program in South Africa is to increase life expectancy amongst HIV-infected persons by increasing access to care and treatment services and service utilization. Primary emphasis areas are human capacity development and expansion of services through training and task shifting, local organization capacity building, development of infrastructure, policy and guidelines, and strategic information. Primary populations to be targeted include infants, men and women, pregnant women, people living with HIV (PLHIV), and public and private healthcare providers.

Project Help Expand ART (HEART) will expand geographic coverage of services in FY 2008. HEART/South Africa is part of a larger worldwide initiative by EGPAF to support care and treatment services, and receives both Track 1 and in-country PEPFAR funding. The program's focus is on integrating PMTCT services to provide a family-centered model of care that includes access to treatment for HIV-infected pregnant women, couple counseling, partner testing and screening for TB.

EGPAF utilizes PEPFAR resources to complement those of the KwaZulu-Natal (KZN) Department of Health (DOH) and private partners, such as faith-based organizations (FBOs) and other non-governmental organizations (NGOs). These resources fund staff, infrastructure, drugs, laboratory testing and provide technical support. EGPAF will identify gaps in the program at the site level and implement activities to address the needs. The intent is to facilitate national and provincial plans and work with the government and partners to transition programs to South Africa government (SAG) support.

EGPAF has a partnership with a private NGO, the AIDS Health Care Foundation (AHF); this is a cost-sharing relationship (drugs and staff) to support the AHF care and treatment program. McCord Hospital, a faith-based organization, is a sub-grantee of EGPAF. The EGPAF partnership with the DOH includes support for human capacity development, infrastructure rehabilitation and technical support for sites in KZN.

The existing sites are:

(1) McCord Hospital, Durban;
(2) AHF (Ithembalabantu Clinic), Umlazi, Durban;
(3) KZN DOH, Pietermaritzburg Up/Down-referral program (Edendale Hospital and four referral clinics, Northdale Hospital and five referral clinics); and
(4) KZN DOH, Vryheid Hospital plus three referral clinics, Benedictine Hospital and three referral clinics, and Edumbe Community Health Centre (CHC) plus one referral clinic, in Zululand District.

This partnership with the DOH will be expanded to the whole Free State province, to Ramotshere Moiloa (Zeerust) and Tswaing (Delareyville) sub-districts in the North West, to all of the Umgungundlovu and Zululand districts in KZN, and the Eastern Ekurhuleni and Lesedi sub-districts in Gauteng.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

EGPAF will support training of healthcare providers on the following:

1. Screening and treatment of TB/HIV and opportunistic infections, ART in pregnancy, and referral systems (between PMTCT and ART);
2. Supporting systems to improve access to care and treatment of children (including early infant diagnosis);
3. Capacity building at sites for implementation and management of the comprehensive care, management and treatment support program;
4. M&E;
5. Project management; and
6. Funding health workers to complete a HIV and AIDS Diploma at the University of KwaZulu-Natal.

In addition EGPAF will provide technical assistance for the creation of outreach programs to build capacity at primary healthcare (PHC) clinics for downward and upward referral in order to maintain patients on ART, initiate new patients on therapy, and decongest treatment sites that have reached capacity.

ACTIVITY 2: Down Referral Process

The KwaZulu-Natal Health Department (KZNDOH) started providing comprehensive care and treatment services to HIV-infected patients in May 2004 at hospital level. PHC clinics will be capacitated so that they are able to manage stable patients on ART referred down from the hospitals or community health centers (CHCs), and also up refer those that are eligible for initiation of ART to hospital or CHCs that are ARV accredited sites.

The KZNDOH aims to make ART accessible to all by expanding and strengthening existing HIV and AIDS care and treatment service delivery. A number of CHCs have been accredited by the national and provincial health departments and will initiate ART. The PHC clinics conduct rapid HIV testing, CD4 testing and provide the first, second and third adherence counseling sessions, which is also done at CHC and hospital level, and then refer patients to accredited CHCs or hospitals for initiation. The KZNDOH has identified the Pietermaritzburg and Zululand Districts as areas needing immediate support as they are poorly resourced with high HIV seroprevalence rates. The KZNDOH has requested that EGPAF support be extended to these districts. The districts have identified clinics where stable patients on treatment can be referred to continue ART management.

ACTIVITY 3: Pediatric Care and Treatment

Activity Narrative: EGPAF's goal is to ensure that 10 percent of all patients on treatment are children, which has not been achieved in the Zululand district. To strengthen pediatric HIV care and treatment, EGPAF will provide training on early infant diagnosis, pediatric HIV clinical staging and diagnosis and ART in children, in addition to provision of staff, strengthening the linkages between PMTCT and care and treatment.

The Edendale and Northdale pediatric HIV clinic has the largest cohort of pediatrics in the province on ART. The hospital down refers stable patients to the care of the PHC clinics to free up space for new pediatric patients.

EGPAF aims to:

1. Increase the rate of down referral of stable children on ART;
2. Increase the up referral of new eligible children for initiation of therapy; and
3. Improve linkages between PMTCT programs and care and treatment programs.

EGPAF will provide financial and technical support to eight PHC clinics in the catchment area of the Edendale and Northdale hospital in Pietermaritzburg, thus capacitating them to: (1) receive and manage transferred stable pediatric patients on ART from the pediatric HIV clinic; and (2) provide screening and preparation of eligible HIV-infected patients at three PHC facilities for up referral and initiation of ART at Edendale Hospital Pediatric HIV clinic. The same approach will be applied as we expand to other provinces, namely Free State, North West and Gauteng Provinces.

ACTIVITY 4: Counseling and Testing (CT)

The focus will be strengthening comprehensive HIV and AIDS care and treatment services using a family-centered approach to increase access to CT, by fast-tracking TB, STI, and family planning patients to CT; to integrate PMTCT with HIV and AIDS care and treatment; to improve referral of eligible pregnant mothers, partners, family members, and HIV-infected infants and children to treatment sites; to screen for opportunistic infections. With this focus, EGPAF will increase pediatric care and treatment, couple counseling, partner testing, and testing for siblings. For patients who test HIV positive and are not yet eligible for ART, they will be retained through wellness clinics, support groups, patient tracking, etc. The overall goal is to expand coverage of HIV and AIDS care and treatment services to reach mothers, partners and children who would not otherwise have access to these services.

The increase in funding in FY 2008 will be used to expand EGPAF program activities viz. human capacity development, down-referral process, pediatric care and treatment as well as counseling and testing activities to the Free State, North West and Gauteng Province. In addition, EGPAF will strengthen M&E systems at all levels of service delivery.

The activities contribute to the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7650

Related Activity: 13763, 13764, 13765, 13766, 13767

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22762	3296.22762.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9789	2255.09	track 1	$5,283,351
7650	3296.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4504	2255.07	track 1	$5,283,351
3296	3296.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2720	2255.06	track 1	$3,939,742

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13763	7969.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$2,925,000
13764	3805.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,825,000
13765	7968.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$1,070,000
13766	3806.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$455,000
13767	2917.08	6600	193.08		Elizabeth Glaser Pediatric AIDS Foundation	$5,510,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	15	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	7,199	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,667	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	17,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	78	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6156.08 **Mechanism:** N/A

Prime Partner: Columbia University Mailman School of Public Health **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: 12341.08

Planned Funds: $1,164,000

Activity System ID: 13741

Activity Narrative: This is a new activity in FY 2008.

SUMMARY:

Columbia University is a Track 1 care and treatment partner in South Africa, implementing site-level activities in the Eastern Cape and KwaZulu-Natal with CDC funding. Since FY 2007, Columbia University's office in Western Cape has received funding from USAID to support treatment partners in Limpopo, North West, Gauteng, Mpumalanga and Western Cape to improve linkages with prevention of mother-to-child transmission (PMTCT) and pediatric antiretroviral treatment (ART). This is achieved by providing technical assistance, training, and mentoring in public and non-governmental (NGO) facilities. The emphasis areas are human capacity development and local organization capacity building.

FY 2008 funds will support the continuation and expansion of the South-to-South Partnership for Comprehensive Pediatric HIV/AIDS Care and Treatment Training Initiative (S2S), a pediatric HIV and AIDS training program implemented in partnership with Tygerberg Children's Hospital and the Stellenbosch University in the Western Cape. The S2S program's experience and materials will support the activities within this initiative.

BACKGROUND:

Columbia University's International Center for AIDS Care and Treatment Program (ICAP) supports sites to build provider and system capacity with a focus on continuous quality improvement. Poor facility systems/services design, lack of patient scheduling systems, inefficient provider placement/scheduling and irregular supervision by senior management continue to weaken already stressed HIV services. ICAP's site level support is dynamic and continuously customized to consider site attributes and existing resources.

While the technical support and capacity-building activities vary according to site attribute, all sites benefit from ICAP support, including assistance to (1) jointly develop or revise existing site specific work plans to outline action steps on how to achieve PMTCT and pediatric ART goals, including setting site specific benchmarks and targets (in close collaboration with USAID-SA partners); (2) leverage and maximize efficiency of existing site and regional human and commodity resources; (3) deliver a quality package of PMTCT and family-centered HIV services to clients; (4) implement active referrals and linkage systems; (e) operate efficiently with an integrated approach to caring for the HIV-infected pregnant woman/mother and her family; (5) facilitate and lead site level system improvements that improve quality of care, support optimal patient flow, and decreases patient wait time; and (6) initiate a multidisciplinary approach to service delivery.

Site level systems improvement and skills-building activities will be conducted routinely on an individual and group basis to introduce new competencies and activities as well as to reinforce specific areas of need with emphasis on the skills providers' and teams' need for appropriate care of families. All improvement activities are conducted on the site level and are generally targeted towards rapidly enhancing site performance and strengthening program implementation and include a blend of didactic, modeling, clinical implementation/preceptorship, negotiation and case study activities. ICAP will support stakeholders to (1) assess and identify missing service components, performance gaps, and systems failures to providing quality care and treatment services; (2) identify action steps and activities to support root causes of problems; and (3) support the management team to monitor the resulting affect and ensure positive enabling factors to improve or initiate that service component.

ACTIVITY 1: On-site Skills Building, Task Shifting and Clinical Mentoring

The critical conduits for system implementation are the healthcare workers. ICAP will work with site staff and partners to implement a supportive supervision model that combines capacity-building elements such as (1) supportive and regular on-site presence; (2) on-site dynamic skills-building events that directly link to implementation and program improvement such as (a) clinical mentoring and modeling to promote the rapid application of in-service learning to the clinical settings and to improve the quality of clinical care and patient outcomes; and (b) on-the-job training to provide necessary knowledge and hands-on practice of skills needed to perform job tasks; and (3) structured training interventions that employ multiple skills building and transfer of learning strategies to reinforce and emphasize key PMTCT and pediatric ART content. Training interventions include instructional (didactic) activities that include case-based learning, group-discussions, problem solving exercises; one-on-one and small team clinical mentoring activities (across/within cadre) with responsive/dynamic coaching and modeling activities; and case study activities.

ACTIVITY 2: Utilize a Multidisciplinary Approach

ICAP will promote the strengthening of a comprehensive approach to patient care at each facility. This includes instituting distinct clinical reasoning skills among cadres, emphasizing collaborative decision making and recognizing the important contributions of all members of the team. Activities to support this will include routine and regular management meetings to discuss service delivery and patient cases, onsite skills building activities and implementation workshops.

ACTIVITY 3: Performance Support

ICAP will provide technical support to partners and site staff to develop content for simple tools, resources, and performance aids that will help providers to correctly perform tasks and make decisions. This includes the development of protocols, decision trees, flip charts and posters for clinical and counseling related services.

ACTIVITY 4: Improve Service Quality and Standards of Care

ICAP will support the adaptation and implementation of a simple standards of care (SOC) tool designed to help the staff rapidly monitor the quality and depth of PMTCT, pediatric and adult ART services being offered at a facility level. ICAP will do so in collaboration with facility staff and partners.

The approaches noted above will be applied to focus areas outlined below.

Activity Narrative:

(1) Prioritizing ART for eligible pregnant woman: ICAP will build on existing PMTCT services to ensure that all HIV-infected pregnant women are assessed for ART eligibility. Eligible women will be fast-tracked to initiate ART regardless of point of entry. Depending on site attributes, ICAP will work with sites and partners to ensure the following: (a) HIV-infected pregnant women receive CD4 testing the same day they receive their HIV test results; (b) women accessing maternal and child health (MCH) services initiate ART at the nearest ART site and be given coordinated visits to ensure that both MCH and HIV and AIDS needs are met; and (c) development of additional service models that increase access to care and treatment services for families including family days at care and treatment clinics, weekend and afternoon care and treatment clinics.

(2) HIV-infected women of childbearing age and their partners: ICAP will continue to strengthen the quality of the clinical and psychosocial services available to HIV-infected women of childbearing age and males (especially partners) enrolled in care and treatment services. This includes supporting facilities to offer services and referrals to counsel HIV-infected women and partners intending to become pregnant.

(3) Ongoing support for PMTCT clients on ART: ICAP will support sites to improve clinical management of pregnant women and families on ART. The support will include assessing (a) clients for treatment failure; (b) ARV contraindication and adverse reaction; and (c) administration of appropriate drug substitution or regimen change.

(4) Psychosocial and Adherence Support (P&AS): Quality adherence and psychosocial support is the cornerstone of successful HIV care and treatment services and having healthier HIV-infected pregnant woman. ICAP will provide individual P&AS through (a) developing and routine implementation of psychosocial assessments to assess ART readiness during pregnancy and post-natal period; and (b) establishing support groups at sites to initiate or strengthen support groups for PMTCT clients. ICAP will also strengthen the roles of the Implementation Team to support P&AS programs. The Implementation Team will include pharmacists and nurses. This activity aims to ensure that facility staff understand the roles and responsibilities of each cadre and acquire the necessary skills to provide those services as part of the multidisciplinary team.

(5) Patient Follow-up: ICAP will develop a mechanism to track and trace patients that have discontinued services or missed appointments. Specifically, this includes (a) setting up a system for tracking no-shows and discontinuers; (b) implementing a follow-up system to reach out to clients soon after they fail to return to the clinic; and (c) developing strong linkages with community-based organizations and community health workers to support patients who have discontinued services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12341

Related Activity: 13739, 13740, 13745, 13797, 13697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22755	12341.22755.09	U.S. Agency for International Development	Columbia University Mailman School of Public Health	9786	6156.09		$0
12341	12341.07	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6156	6156.07		$2,600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13739	12237.08	6590	6156.08		Columbia University Mailman School of Public Health	$550,000
13740	12480.08	6590	6156.08		Columbia University Mailman School of Public Health	$0
13697	3006.08	6576	416.08		Broadreach	$14,326,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2792.08

Mechanism: Track 1

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3286.08

Planned Funds: $4,372,523

Activity System ID: 13716

Activity Narrative: AIDSRelief implements a comprehensive HIV care and treatment program in South Africa that is funded with Track 1 central funding, as well as South Africa COP funding. The activities do not differ across the funding mechanisms, and this entry is thus a repeat of the South Africa COP entry. All targets are reflected in the South Africa COP entry.

SUMMARY:

Activities are implemented to support provision of quality ARV services under the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 25 sites in 8 provinces in South Africa. Major emphasis will be on human capacity development and local organization capacity building. The target population includes people affected by HIV and AIDS as well as higher risk populations such as migrant workers and refugees.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) has received Track 1 funding since FY 2004 to rapidly scale up antiretroviral therapy (ART) in 9 countries, including South Africa. Since FY 2005, South Africa in-country funding was received to supplement central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and Institute for Youth Development South Africa (IYD-SA).

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2008 AIDSRelief will continue implementing the activities in support of the South African Government (SAG) national ARV rollout. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV services will be provided through the 25 sites to ARV patients through clinic-based and home-based activities to optimize quality of life for HIV-infected clients and their families. All the relevant healthcare providers and administrative support staff at the sites will be trained to implement the ART program, using government-approved training curricula. Staff who have already received initial training will undergo refresher courses (either in-house or external), coupled with exchange of training courses and materials between sites with active support from the local training provider, Kimera training center. Treatment adherence training is provided to all patients who are enrolled on the ART program.

In most sites home-based care networks will follow up and support patients. This follow-up is conducted through direct visits to patients through the extensive home-based care outreach at the SACBC sites, while IYD-SA sites follow up through means of telephonic contact in most cases. In case the patient cannot be reached, a "treatment buddy" is contacted to inquire the whereabouts of the patients who did not come back for the monthly drug package. Inevitably, some patients become lost-to-follow-up in spite of all the efforts to locate them, due to migrating populations and illegal immigrants served by the program. This number currently stands at less than 4% of the patients ever enrolled on the program.

Each site ensures that HIV-infected patients are screened for tuberculosis (TB) prior to placing them on antiretroviral treatment, and are referred to TB treatment if they tested positive. Screening and testing for TB is conducted in a number of different ways, and these testing methods are specific to each site. While screening is conducted by a medical professional at each of the sites, in most cases patients are referred to the nearby SAG medical facility for TB testing and are only enrolled in antiretroviral treatment once they have completed two months of TB treatment, or have been found not to have active TB.

PEPFAR funding will also be used to support laboratory services, which are outsourced to a private provider, Toga Laboratories (a new PEPFAR partner since FY 2007). A courier service collects blood that is drawn at each site, and delivers these samples to the laboratories. Results are e-mailed or faxed back to the site within 48 hours of the laboratory receiving the blood samples.

The program is designed to improve each site's capacity to implement the national ART program in the long -term, and to strengthen clinical, administrative, financial and strategic information systems. Sites will be assisted in developing appropriate policies and protocols and in setting up sound financial and strategic information systems. Each site will also develop a unique community mobilization plan for the ART program and implement it in collaboration with relevant community organizations and leaders. Many of the sites are already involved in HIV and AIDS community mobilization activities and these will be linked to ART services. These lessons learned will be of value to other partners working in the non-governmental organization (NGO) sector.

All activities will continue to be implemented in close collaboration with the Department of Health HIV and AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, and this will directly contribute to the success of the SAG's own rollout and the goals of PEPFAR. These activities are also aimed at successful integration of AIDSRelief activities with those implemented by the South African Government, thus ensuring long-term sustainability.

All sites operate under the terms of a Memorandum of Understanding (MOU) with the provincial Department of Health in which they operate, observing the national and provincial treatment protocols. There is a concerted effort at each site to ensure sustainability by having the SAG provide antiretroviral drugs, or by down referring stable patients into the SAG's primary healthcare clinics after providing training for the SAG clinic staff. St. Mary's Hospital, which accounts for more than a third of patient numbers, has already been accredited as a SAG rollout site. Sinosizo receives drugs from the National Department of Health due to its status as a down referral clinic for Stanger Hospital, and at a further two sites, Centocow and Bethal, all patients already receive drugs via the SAG rollout. Monthly statistics are shared with the South African National Department of Health, as well as with relevant provincial health departments in provinces where AIDSRelief implements the program.

Activity Narrative: There is a concerted effort to include men and children in the program, and all sites have specific plans to increase enrolment, including couple counseling and using a family-based approach. Although there is no specific PMTCT program, eligible pregnant women are provided with triple therapy to ensure maximum viral suppression to prevent the transmission to the baby. Newborn babies are provided with monotherapy after birth. AIDSRelief sites are encouraged to provide babies with cotrimoxazole after 4-6 weeks of life, and PCR testing is conducted when relevant. Mothers are encouraged to use safe feeding practices as appropriate to individual circumstances. Most sites have clinic-based gardens to assist with nutrition programs, and several sites provide nutrition supplements, as per South African treatment guidelines. All sites provide ART access to non-South Africans, including refugees. Some of the AIDSRelief sites also receive PEPFAR and other funding through different sources for the provision of OVC care. The overlapping of these services provides OVC with access to both care and treatment services provided under the program.

In terms of the continuous qualitative review of the program, the annual clinical evaluation is done on available patient data by two South African ART experts, who not only evaluate the data within the program but also compare it to other large resource-limited programs, such as the program in Khayelitsha.

Even though prevention is not a specific program activity of the overall program, it is promoted through provision of information to patients regarding HIV and prevention of spreading the virus (prevention for positives). Secondly, skills training is provided to vulnerable populations, empowering them to make safer choices about their lives. Additionally, AB messages are shared with the target population, as well as accurate information regarding condoms is provided.

The CRS treatment program supports the PEPFAR goal of treating 2 million people with antiretroviral drugs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7484

Related Activity: 13710, 13711, 13712, 13715, 13713, 13714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22645	3286.22645.09	HHS/Health Resources Services Administration	Catholic Relief Services	9746	2792.09	Track 1	$4,372,523
7484	3286.07	HHS/Health Resources Services Administration	Catholic Relief Services	4437	2792.07	Track 1	$4,372,523
3286	3286.06	HHS/Health Resources Services Administration	Catholic Relief Services	2792	2792.06	Track 1	$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13710	3832.08	6580	2790.08		Catholic Relief Services	$4,750,000
13711	7953.08	6580	2790.08		Catholic Relief Services	$630,500
13712	3308.08	6580	2790.08		Catholic Relief Services	$291,000
13713	3309.08	6580	2790.08		Catholic Relief Services	$7,760,000
13715	3287.08	6581	2792.08	Track 1	Catholic Relief Services	$3,191,217
13714	3288.08	6580	2790.08		Catholic Relief Services	$4,179,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	25	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,891	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15,045	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,810	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Northern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 224.08

Mechanism: CTR

Prime Partner: Family Health International

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: 2927.08

Planned Funds: $970,000

Activity System ID: 13725

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for Family Health International (FHI) is changing in October 2008 therefore a COP entry is being made to reflect this change in mechanism and activity number only. FHI activities under HTXS are expected to continue under the FY 2008 COP and funds are being requested in the new COP entry.

This is a new activity in FY 2008.

SUMMARY:

Family Health International (FHI) will use FY 2008 funding to continue to expand access to integrated services for HIV-infected and affected individuals in home-based care (HBC) programs by strengthening the linkages between HBC and counseling and testing (CT) through establishing additional mobile clinics in underserved areas in Mpumalanga and KwaZulu-Natal provinces. FHI will work with the Departments of Health as well as PEPFAR partners, Project Support Association of Southern Africa (PSASA), Right to Care (RTC), and BroadReach, and will refer patients in need of antiretroviral treatment (ART) to government-accredited institutions for ART initiation. The emphasis areas for the following activities are in-service training, local organization capacity building, and health-related wraparound programs in family planning, safe motherhood, and tuberculosis. Target populations addressed are people living with HIV and AIDS and men and women of reproductive age.

BACKGROUND:

In response to requests from the national and provincial Departments of Health and Social Development, FHI has been strengthening the linkages between home-based care (HBC), counseling and testing (CT), TB, antiretroviral treatment (ART) and family planning (FP) services for comprehensive treatment, care and support. This project addresses the need to establish formal referral and follow-up mechanisms for CT and ART and other essential healthcare services, such as FP, in HBC programs where clients are often in need of ART. Experience suggests that improved access to ARV services in South Africa is improving the health status of many HIV-infected individuals, leading to a return of libido and sexual activity, and this also requires careful decisions about their sexual and reproductive health. Tighter links between palliative care (PC), TB, CT, ARV and FP services, in particular, afford men and women the opportunity to improve their overall quality of health through integrated services. FHI is creating and strengthening functional referral mechanisms between CT, HBC, ARV and FP service programs in Mpumalanga and KwaZulu-Natal in collaboration with PSASA and the South African Council of Churches (SACC) HBC programs. To date, over 500 new clients have initiated ARVs through the program referral network. Access to ART is still a major constraint in these rural programs. PSASA's and SACC's HBC programs typically reach out to low-resource, isolated communities where HIV service needs are high and transport to services is prohibitively expensive.

In FY 2006, FHI and its partners established a mobile clinic to provide better access to CT, diagnosis/treatment of sexually transmitted infections (STI), ARV services, and FP. These integrated mobile services target HBC caregivers, clients and their families, as well as the surrounding communities. Additional units are being added in FY 2007 to reach those who reside in remote, underserved areas in Mpumalanga and KwaZulu-Natal. This will enable project partners to cover a larger geographical area and meet the needs of more HBC clients and family members.

ACTIVITIES AND EXPECTED RESULTS:

In close collaboration with the Mpumalanga and KwaZulu-Natal Departments of Health (DOH), PSASA, SACC, RTC and BroadReach, FHI will expand access to quality integrated services for infected and affected individuals in HBC programs through a continuation of the project and through continued support to four mobile service units to provide CT, ARV services, STI screening and FP services in rural, underserved areas. PSASA and SACC will provide basic care and support services and refer clients for services offered by the mobile clinics and provide follow-up and ART adherence at the HBC level. Nearby DOH facilities will process lab work for CD4 counts and place clients on ARVs according to clinical protocols. Specifically FHI will continue to (1) support the four mobile clinics that were established in FY 2006 and 2007, based in Mpumalanga and in KwaZulu-Natal; (2) serve remote HBC sites in Mpumalanga and KwaZulu-Natal of which the program participants and immediate community will have access to the mobile clinics; (3) hire and supervise local mobile clinic staff (professional nurse and one counselor in each mobile clinic) to provide CT, STI and FP services and ARV referrals as it is anticipated that patients' treatment by the mobile clinic staff will be transferred to public sector sites as soon as these sites have the necessary capacity; (4) train four professional nurses and four counselors to oversee the quality of CT, ARV screening, TB screening and treatment, STI testing and treatment, FP services and counseling; (5) train four professional nurses and four counselors on couple counseling and gender awareness, and ensure it is staffed by qualified health professionals; (6) work with HBC volunteers in mobile clinic service sites to provide referrals for CT, TB, STI, FP and ARV referrals services; (7) conduct outreach to HBC projects and communities through IEC materials and household visits; and (8) use the mobile clinics to transport clients to doctors or facilities for urgent care.

FHI will leverage resources from partners and the DOH for all commodities. FHI will support a Management Information System to collect service and referral data relating to all patients. A monitoring and evaluation specialist, who will be hired to spearhead this effort in FY 2007, will continue to be supported in FY 2008. Also, in FY 2008, COP activities will be expanded to train approximately 40 government officials (10 per mobile support unit) on maintenance and management. All activities will be implemented closely with local partners with an aim towards bolstering capacity to take ownership of the mobile clinics by September 2009. These activities will contribute to the PEPFAR 2-7-10 goals by increasing the number of people receiving ARV treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7586

Related Activity: 13722, 13723, 13728, 13724, 13737, 14645, 15944

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22951	2927.22951.09	U.S. Agency for International Development	Family Health International	9838	224.09	CTR	$894,689
7586	2927.07	U.S. Agency for International Development	Family Health International	4476	224.07	CTR	$850,000
2927	2927.06	U.S. Agency for International Development	Family Health International	2633	224.06	CTR	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13722	2929.08	6583	224.08	CTR	Family Health International	$436,500
13723	2926.08	6583	224.08	CTR	Family Health International	$145,500
13724	2925.08	6583	224.08	CTR	Family Health International	$1,600,500
14645	14645.08	6588	218.08	Track 1	Family Health International	$0
13737	2922.08	6588	218.08	Track 1	Family Health International	$928,281
15944	15944.08	7301	7301.08	UGM	Right To Care, South Africa	$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	1,176	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	8	False

Indirect Targets

FHI will indirectly support ARV services in their services areas in Mpumalanga and KwaZulu-Natal. PEPFAR treatment partners, Broadreach and Right to Care will directly be providing ART to clients in the program, however, FHI, through their sub-partner PSASA, will be providing a critical referral system through their home-based care program, as well as monitoring of adherence, opportunistic infections and drug interactions. It is a synergy that has proven effective and FHIs is providing a valuable indirect contribution to the overall ART program.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Mpumalanga
KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4760.08	**Mechanism:**	N/A
Prime Partner:	St. Mary's Hospital	**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:	8264.08	**Planned Funds:**	$1,552,000
Activity System ID:	13833		

Activity Narrative: SUMMARY:

The proposed St. Mary's Hospital project addresses comprehensive and holistic HIV care and treatment, including antiretroviral treatment (ART) within a hospital setting, with a large focus on training at a community clinic level to ensure that stable patients, once down-referred from the hospital can be treated on a continuous basis at a community level. The major emphasis area for this project is human capacity and the development thereof both in the community as well as in the hospital. The expansion plans for FY 2008 is to provide holistic treatment and care to patients that are experiencing side-effects of ART as well as babies born to mothers that are HIV infected (described elsewhere in the COP). The care and treatment is extended to the rehabilitation department for adults and children. Some focus will be on community participation, national media campaigns addressing preventative educational messages in partnership with other donors (also described elsewhere in the COP), linkages with other sectors, and the capacity development of local organizations. The primary target populations will be the general population, people affected by HIV and AIDS, discordant couples in special populations, the community, the South African Government (SAG), healthcare providers and other groups, pregnant women and children, partners of pregnant women and people infected with HIV and on treatment as well as children with rehabilitation needs that were born to HIV infected mothers.

BACKGROUND:

Since 2003 St. Mary's hospital has successfully implemented an ART program based on holistic and comprehensive treatment of HIV and AIDS patients. This program was funded through another PEPFAR partner, Catholic Relief Services (CRS) as part of their Track 1 program. Since FY 2005, the USG has added additional funding to St. Mary's Hospital to focus on pregnant women.

Successful treatment of HIV and AIDS requires that patients maintain adherence to medication, incorporating overall wellbeing, including nutrition. The early stages of the treatment program allowed St. Mary's to maintain an average adherence rate of around 90%, which was largely due to a patient-centered model of care. However as the patient numbers have increased St. Mary's has realized that there is a greater need to provide patient support both in the community and to the community clinics. St. Mary's will aggressively address loss-to-follow-up, and ensure a more efficient down referral process of patients from the hospital setting to the community clinics. In the district that St. Mary's serves, it is estimated that 25,000 patients require immediate treatment. Just over 2,500 patients are currently in HIV care and just over 2,200 patients are on antiretroviral treatment at the hospital.

It has been noted that many patients on treatment are experiencing neurological side-effects to treatment that require services associated with rehabilitation both on an inpatient and outpatient basis. In addition there is a need to provide rehabilitation support to HIV infected patients that are experiencing complications due to opportunistic infections. It is estimated that 60% of the patients attended to by the rehabilitation department are HIV infected and require extensive rehabilitation support. The hospital delivers approximately 500 babies per month and many of these babies are to HIV infected mothers resulting in the need for rehabilitation services to mother and infant at a ward and outpatients level. Follow-up is provided to the mother and child upon discharge from the hospital at weekly support clinics held at the PHC facility.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Human Resource Capacity Training.

As an accredited SAG antiretroviral (ARV) rollout site and as an extension of the service level agreement the Hospital has with the Department of Health, St. Mary's will contribute to the success of the SAG ARV rollout plan through this project. The funding allows St. Mary's to continue to initiate patients on ART, and once stable, down refer them to the community clinics in the area. St. Mary's will assist with the training of health workers at clinic level to facilitate this. St. Mary's has identified local partners as well as the World Health Organization's Integrated Management of Adult Illnesses (IMAI) training toolkit as a vehicle for training. The toolkit makes use of people living with HIV (PLHIV) as expert trainers which are directly aligned to the success of St. Mary's ART program. All three sites within St. Mary's Hospital strongly emphasize human capacity development. Within the entire Hospital setting (including the three ART sites) patients who have tested HIV positive but whose CD4 counts and staging preclude them from treatment form part of a wellness program. Opportunistic infections are treated at every point of care, and service and nutrition interventions are made, as per SAG protocols and guidelines. Social support services, which may take the form of social grants in accordance with the SAG guidelines, are also initiated as appropriate, providing patients with access to financial resources.

The community clinics surrounding St. Mary's are linked into St. Mary's via the referral patterns already established. The implementing organization will be St. Mary's Hospital and local partners will be recruited to assist with the WHO ART training modules. Gender issues will be addressed throughout the project as well as stigma and discrimination, twinning, the use of US-based volunteers from a training perspective, as stated in the palliative care section. Gender equity will become an increased focus as women are provided with resources (grants, nutrition) and capacitated to become self-sufficient. Through a partnership with the Treatment Action Campaign (TAC) male norms and behaviors will be addressed directly through patient education, encouraging prevention, 'know your status', and promoting family values. A comprehensive nutrition program will be implemented to boost immunity with the patient cohort which will be the responsibility of the dietician employed at St. Mary's Hospital, and is supported via a partnership with the KwaZulu-Natal Department of Health (DOH). As an accredited ARV rollout site this is a vital component to the success of the treatment program. A patient follow-up program, funded as part of the CRS activity treatment program, makes use of therapeutic counselors (TCs) in the community to support patients from St. Mary's Hospital. As the patient numbers have increased, St. Mary's acknowledges that additional human resources are required for patient follow-up and support activities. The current treatment activity program addresses the need to make use of TCs based in the community referral clinics, to help capacitate the clinics to offer support to all patients in the community. This will be part of the clinic strengthening activity plan. It is envisioned that the TCs will mentor community health care workers to ensure the long-term sustainability of ARV treatment in communities.

Activity 2: Pediatric Treatment.

Activity Narrative:

As stated previously, St. Mary's is a DOH accredited ARV rollout site and the partnership will be enhanced and expanded through the additional PEPFAR funding. Within the antenatal clinic, patients who have received PMTCT are followed up post-delivery and if clinically appropriate, placed on antiretroviral treatment. This is a seamless program which also places the children of HIV-infected mothers on ART if clinically appropriate. The program also provides education and nutrition support in partnership with the KwaZulu-Natal DOH. Pediatric HIV care is strengthened through early testing and diagnosis. The hospital has secured the services of a volunteer pediatrician from Harvard Medical School twice a week. The pediatrician will treat HIV infected children in-hospital and manage children as outpatients from the PHC facility. The pediatrician will also mentor clinical staff in the facility. The main challenge is polymerase chain reaction (PCR) testing and follow-up in this area, given that 19 clinics are being supported in the process. St. Mary's currently has a relationship with Toga Laboratories (a PEPFAR partner) and it is envisioned that counselors visiting clinics will refer patients requiring PCRs to the hospital's PMTCT program so that tests can be conducted through Toga Laboratories.

Activity 3: Rehabilitation Services.

The rehabilitation department consists of a physiotherapy department (inclusive of a speech therapist) and an occupational therapy department with a small community outreach service. Care and treatment will be provided to those in and outpatients experiencing ARV side-effects, primarily related to neurological conditions; and care and treatment to HIV infected inpatients that are severely disabled, who have had strokes or heart attacks. Rehabilitation support is also required to babies experiencing developmental delays born to HIV infected mothers. The areas of care will be at an inpatient hospital level and primary health care (PHC) level as an outpatient service. Many babies born in hospital are referred to the PHC facility for follow-up, and a clinic treatment day is held for babies experiencing developmental delays. Weekly outreach treatment, education and support clinics are offered to one of the larger referral clinics in the district as well as to children in an orphans and vulnerable children partner program.

By strengthening the down-referral system, providing technical assistance to the public sector, and providing supportive treatment for patients on ARVs and affected by HIV and AIDS; St. Mary's hospital is contributing to the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8264

Related Activity: 13831, 13832, 13834

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22801	8264.22801.09	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	9795	4760.09		$1,165,086
8264	8264.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13831	12240.08	6626	4760.08		St. Mary's Hospital	$388,000
13832	8262.08	6626	4760.08		St. Mary's Hospital	$611,100
13834	13834.08	6626	4760.08		St. Mary's Hospital	$194,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	$22,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	1	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,912	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,100	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	6183.08	**Mechanism:**	N/A
Prime Partner:	Tuberculosis Care Association	**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:	13839.08	**Planned Funds:**	$910,000
Activity System ID:	13839		

Activity Narrative: This is a new activity in FY 2008.

SUMMARY:

TB Care Association (TBCA) will support care and treatment services at three hospital-based clinics and eight primary health clinics (PHC). Training and mentoring on topics to ensure provision of quality care will be provided: clinical care, social support, monitoring & evaluation, and health system support. Referral systems, including community adherence support and coordination of services between hospital and PHC, will be strengthened through human resource, capacity development and programmatic support. People infected and affected by HIV, including healthcare providers will be the beneficiaries of this PEPFAR-supported program.

BACKGROUND:

TBCA has been providing community-based counseling, emergency material relief, and support, and TB treatment support in the Western Cape since 1992. Support for HIV care and treatment services in the West Coast Winelands is a new initiative. Training and mentoring activities will be done in collaboration with the Department of Health (DOH). Support has been requested by the Western Cape province and all program activities will occur within public health facilities. Essential drugs and ARVs will be procured through DOH, and the National Health Laboratory Service (NHLS), through the DOH, will provide laboratory services. The Western Cape has identified the West Coast Winelands as a district that would benefit from technical assistance because the burden of TB with HIV co-infection is high. In Malmesbury, clinical support will be provided at Swartland Hospital (ART site) and Dorp and West Bank clinics. In Saldanha, clinical support will be provided in Dorp and Diaz Ville clinics. In Vredenburg, clinical support will be provided in Vredenburg Hospital (ART site) and Dorp and Hannah Coetzee clinics. In Atlantis, clinical support will be provided in Wesfleur Hospital (ART site) and Saxon Sea and Protea Park clinics. In summary, three hospitals and eight clinics will be supported in the Western Cape province. TBCA is exploring the possibility of expanding activities to the Northern Cape province.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Integration of Services and Quality Assurance

The first activity is human capacity development, focusing on integration of the HIV program into primary healthcare services, including pediatrics. Under the guidance of the clinical coordinator, two TBCA-employed nurse mentors with extensive experience in HIV care and treatment will work closely with the DOH to identify training/mentoring needs. DOH clinicians will be trained through didactic and mentoring sessions, on topics including identification and counseling of victims of abuse, reducing stigma, clinical management of patients, integration of services, and clinical management of TB and HIV. HIV testing, care and treatment will be strengthened by ensuring all clinicians involved in patient care (doctors, nurses, pharmacists) in all areas of patient care services (outpatient services, pediatrics, TB, family planning, antenatal services) are clinically competent in managing HIV-infected clients. A quality assurance program will be implemented through support of the DOH multi-disciplinary team meetings, provision of clinical updates and in-service mentoring, and introduction of a formal routine chart review, in collaboration with clinic managers. National and provincial standards of care and guidelines will be followed. TBCA will work closely with DOH to facilitate coordination of services among the three hospitals and their affiliated clinics, anticipating provision of ART at clinic level by end of FY 2008. Systems support will be provided as needs are identified (e.g., down-referral of drugs, strengthening of patient referrals). Ten percent of the budget will be spent on promoting pediatric services.

ACTIVITY 2: Community Mobilization Related to Care and Treatment

The second activity is to strengthen community involvement in HIV care and treatment services through outreach services provided by community health workers (CHW). In consultation with the DOH, TBCA will employ one community team leader and ten CHWs for each clinical site supported. The Western Cape province has plans to expand CHW programs, therefore sustainability will be addressed. TBCA will train the CHWs on priority health issues so that they are multi-skilled to provide integrated community care. The role of the CHWs will be to promote information, education, communication (IEC) in the communities they serve. IEC activities aim to increase awareness of the availability of comprehensive HIV services; tp promote HIV prevention, including prevention with positives; to ensure family-centered care through referrals of family members affected by HIV; and to ensure community-level follow-up of patients who have not returned for routine care (in collaboration with M&E). Existing community groups will be encouraged to participate, and through collaboration with existing home-based care programs, community-based wellness programs will encourage patients to seek routine care. Peer counseling and education provided by the CHWs will target male behaviors. The team leaders and TBCA-employed nurse mentors who supervise them will facilitate links with social development programs, nutritional support programs, and other governmental and non-governmental services.

ACTIVITY 3: Strengthening Clinical Services through Monitoring and Evaluation (M&E) Support

The final activity is to assist with monitoring and evaluation of the national comprehensive HIV care and treatment program at supported sites. TBCA will employ a data capturer at each site to assist with TB/HIV reporting. Coordination of M&E with clinical services will ensure prompt follow-up of patients enrolled in care who do not return to clinic. Data collection will be facilitated through provision of computers to each clinic. Training needs related to capturing quality data will be identified and addressed. Gender equity in the HIV program will be revealed through collection of data showing breakdown of women and men receiving prevention, care and treatment services. The data capturers will liaise with community team leaders to follow up patients referred from TBCA-supported voluntary counseling and testing sites that tested HIV positive as well as those who have TB or STI symptoms.

These results contribute to the PEPFAR 2-7-10 goals by improving access to care and treatment services, thereby increasing the number of persons receiving ARV services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13837, 13836, 13838

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13837	13837.08	6628	6183.08		Tuberculosis Care Association	$125,000
13836	12516.08	6628	6183.08		Tuberculosis Care Association	$1,600,000
13838	13838.08	6628	6183.08		Tuberculosis Care Association	$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	770	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,540	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,480	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Northern Cape

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4625.08

Mechanism: N/A

Prime Partner: McCord Hospital

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: 7909.08

Planned Funds: $570,360

Activity System ID: 14011

Activity Narrative: SUMMARY:

McCord Hospital and its implementing partner, Zoe Life (McCord/Zoe Life) will support and provide technical assistance in the delivery of antiretroviral (ARV) services. The McCord Hospital/Zoe Life activities of this program area relate to strengthening capacity at four municipal clinics and three non-governmental organizations (NGOs) to provide comprehensive antiretroviral treatment (ART) services in a primary healthcare setting as part of a decentralization plan. A mobile service will provide ART to infected workers as part of a workplace program. Emphasis areas are development of referrals across vertical programs (CT, PMTCT, TB/HIV), community programs and to secondary and tertiary facilities; local organization capacity building (major emphasis); quality assurance, improvement and supportive supervision; strategic information; training; and workplace programs. The primary target populations are the general population, people affected by HIV and AIDS, refugees and the private sector (workers without health insurance).

McCord Hospital receives funding for PMTCT and ARV treatment through the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This program described here focuses on strengthening the capacity of public sector facilities, and it is distinct from the hospital-based program funded by EGPAF.

BACKGROUND:

There are a number of constraints to the rapid rollout of ART in the public sector. This is largely due to the lack of human and infrastructural resources, and that ART is generally offered at secondary or tertiary care level. McCord Hospital has over 2,000 patients on ART, and it is not sustainable to continue the follow-up of stable patients at this or any other hospital. This new activity will be implemented by the McCord/Zoe Life team in partnership with the eThekwini Municipality (Durban), three NGOs and participating corporate bodies. The project will build capacity at primary health care (PHC) level to continue follow-up of down referred stable patients on ART (initiated at hospital level) and to increase skill at PHC level to provide ART services (including initiation of ART in patients who are stable). This project is supported by metropolitan and provincial health departments. Provincial ART guidelines are followed. Gender issues will be addressed through increasing access to ART in workers (assuming most are men) in a workplace program, and by ensuring that a family-centered treatment approach is offered to partners and family members via access to couple counseling, community-based referrals, provider-initiated palliative care for partners and active case management of families.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Site Accreditation

This activity will support site accreditation at four metropolitan clinics through negotiation with metropolitan and provincial health departments to ensure sustainability and ongoing provision of staff and commodities for ART services.

ACTIVITY 2: Human Capacity Development

Nurse-led multidisciplinary teams at each site will be trained to provide comprehensive ARV services at clinics. Training will include adult and pediatric clinical services, psychosocial support/adherence counseling, pharmacy management and monitoring and evaluation (M&E). Teams will initially be trained to follow up down referred patients on ART, and will later be supervised to initiate stable clients on ART. Counselors will be trained to provide routine focused HIV prevention counseling to clients on ART. This will also be included in routine treatment readiness training for patients. Staff will be trained to provide services with a French/Swahili interpreter to increase access to refugees/asylum seekers.

ACTIVITY 3: Pharmacy Systems
Pharmacy systems will be strengthened to support drug chain management. Commodity procurement will be largely the responsibility of the provincial government, and McCord Hospital has been accredited as a KwaZulu-Natal Department of Health (KZNDOH) site, with the result that decentralized ARV service sites will also fall under the KZNDOH. Provision of ARV drugs, test kits and labs will be supplied by the DOH as a cost-share.

ACTIVITY 4: Technical Support

These activities will build capacity through technical support, mentorship and supervision to implement a comprehensive care and treatment program. This project will provide experienced staff to each site on a weekly basis to ensure that ARV services are seamlessly linked with wellness services, TB/HIV and PMTCT to strengthen continuity of care and patient retention. This will be supported by development of referral tools and regular M&E feedback with problem solving support.

ACTIVITY 5: Pediatric ART

McCord/Zoe Life will provide technical support to increase provision of ART to children. Staff from the municipal and NGO sites will attend a preparatory workshop in which an approach to increasing pediatric services will be formulated. Technical support will be offered to integrate ARV services into current vertical services such as PMTCT, TB, children's clinic, immunization services and community-based psychosocial services. Staff will be encouraged to implement routine testing of children, and assistance will be given to develop effective systems which ensure referral of infected children to voluntary counseling and testing, HIV care, and other programs.

ACTIVITY 6: Referrals

McCord/Zoe Life will assist in strengthening referrals and linkages by establishing a system of up referral for specialized or hospital-based care, and down referral from any accredited ARV site to the municipal clinics and NGO sites for patients living in the area; and establish referrals for workers receiving ART (workplace program).

ACTIVITY 7: Adherence

Activity Narrative:

A strong community-based family-centered adherence component with existing and new role-players for continuity of care between facility and community will be developed. Where possible, treatment readiness and adherence support programs will be decentralized further into community facilities.

ACTIVITY 8: M&E

The project will develop and implement a model of M&E that can be integrated into, as well as strengthen the current data collection systems for partners across both community and vertical programs and up to the secondary and tertiary level. This will improve quality, ensure a multidisciplinary continuum of care and manage referral pathways.

ACTIVITY 9: Staff Programs

Partnerships will be developed to provide ARV services to employees who do not have access to medical insurance.

Sustainability at the municipal clinic sites is addressed by assisting sites to become accredited with the KZNDOH. This project will build human capacity to effectively manage the program without ongoing technical assistance. NGO sites will be assisted to build infrastructure and referral networks to ensure sustainability of services. The long-term plan for the NGO sites is to build strong relationships with nearby clinics where clinical capacity can be increased to take over clinical aspects of decentralized ART. These institutions will be included in FY 2008 funding to become accredited sites. NGOs will be assisted to source other funding. The workplace services will be co-funded by industry. Where possible, corporate occupational health clinics will be assisted to become accredited KZNDOH sites.

New activities in FY 2008 are:

1. Linkages with educational facilities and facilities housing orphans or vulnerable children will be established and counseling and testing services will be offered to these facilities in addition to linkages with care and treatment services. Children found to be HIV infected at these sites will either be referred to nearby treatment centers (either PEPFAR funded sites or referral sites, dependant on the severity of illness).

2. Staff at educational or facilities housing orphans or vulnerable children will be trained in basic ARV care principles so that they will eventually be able to provide ongoing adherence support and monitor side-effects with appropriate referrals.

3. Staff at sites will be trained in family counseling techniques. This counseling approach encourages participation of all family members including men (partners and fathers) and will assist counselors to involve men in both decision making and caring processes. Where possible, counseling will be offered at times that are suitable for employed men

4. Patient retention will be strengthened through strong patient tracking systems, community-based adherence support, psychosocial support services which offer a comprehensive range of services, child friendly sites which encourage ongoing participation with the services, and linkages with community based organizations which offer other services which may appeal to patients, such as art/drama, nutrition support, income generation.

The McCord Hospital activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by strengthening the public sector and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7909

Related Activity: 14006, 14007, 14008, 14009, 14010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7909	7909.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	$452,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14006	7906.08	6683	4625.08		McCord Hospital	$649,640
14007	7912.08	6683	4625.08		McCord Hospital	$729,180
14008	7910.08	6683	4625.08		McCord Hospital	$167,810
14009	7907.08	6683	4625.08		McCord Hospital	$204,670
14010	7908.08	6683	4625.08		McCord Hospital	$591,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	8	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,160	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,130	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,704	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 328.08

Mechanism: N/A

Prime Partner: Johns Hopkins University Center for Communication Programs

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: 3274.08

Planned Funds: $3,400,000

Activity System ID: 13957

Activity Narrative: SUMMARY:

Johns Hopkins University Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building to mobilize and educate communities and clinicians about ARV treatment. The focus is on pre-treatment literacy, adherence, counseling, and training clinicians through distance learning. Target populations for this activity are adult men and women (including pregnant women) living with HIV (PLHIV), discordant couples, volunteers, public health workers, and community-based, faith-based and non-governmental organizations. The emphasis areas for this activity are human capacity development, local organization capacity building and gender. Findings from the National HIV and AIDS Communication Survey, carried out in early 2006, help focus on community perceptions of treatment-related messages, their perceived needs for treatment literacy and the amount of social capital invested in providing assistance in better understanding treatment and its uptake. The survey provided a valuable baseline to further develop present communication interventions on treatment.

BACKGROUND:

The JHU/CCP initiatives are in their third year, following successful programming and ongoing partnerships in providing pre-treatment training, adherence counseling and clinician training. Twelve of the 20 partners that JHU/CCP works with across South Africa are engaged in supporting work relating to pre-treatment training and adherence counseling for people living with HIV. This intervention mobilizes communities around treatment literacy and builds community preparedness by reaching several million people. Mindset uses its onsite access to clinicians to build their capacity to deliver ART services in line with national protocols. Treatment literacy includes pre-treatment training and adherence messages for persons on treatment, treatment support education for families and individuals supporting those on treatment, and ART preparedness education for communities and individuals who anticipate initiating treatment. Other issues covered include prevention with positives with emphasis on discordant couples.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Community Mobilization

Community mobilization activities are implemented by a variety of partners. Community Health Media Trust (CHMT), with PEPFAR funding, has developed a series of video and print materials for people affected by and living with HIV, their caregivers and communities. PEPFAR funding assists CHMT in the community rollout of these materials through group sessions and workshops. CHMT has 92 Treatment Literacy and Prevention Practitioners (TLPPs), (72 funded by PEPFAR and 20 by the National Department of Health (NDoH)), that train and mentor community-based organizations to use their treatment literacy materials to provide pre-treatment training and adherence counseling to PLHIV. This intervention has received NDOH accreditation. Treatment literacy practitioners also work with PLHIV on treatment literacy issues that are broadcast through Mindset's patient channel at 400 health facilities.

The seven hours of treatment literacy videos developed by CHMT and Mindset for the public channel are a major part of the support materials for the TLPPs (in addition to the materials developed previously by CHMT). The materials also cover prevention with positives, male norms and behavior, and stigma and discrimination.

The Valley Trust, as part of their rollout of antiretroviral treatment (ART), has a treatment literacy program supported by the CHMT developed materials and their TLPPs. The Valley Trust also incorporates treatment literacy into its workplace based program being undertaken in small and medium enterprises in several communities in KwaZulu-Natal.

LifeLine works with small business associations as well as farmers and farm workers' associations in areas surrounding one informal settlement in the Gauteng, Limpopo, Northern Cape, and Mpumalanga provinces, to develop workplace programs, including prevention for positives, pre-treatment training and adherence counseling. These programs focus on treatment preparedness and adherence for HIV-infected persons and their treatment supporters (treatment buddies).

The Mindset Health Channel (MHC) provides information directly into health facilities, targeting patients in waiting rooms with general information, and healthcare providers with technical and training information. To broadcast current and accurate information on ARV treatment, JHU/CCP continues its collaboration with MHC in more than 400 health facilities. Existing material will be revised and updated, including treatment videos, web content and print materials in up to five languages for healthcare workers at these sites. Materials developed through previous PEPFAR funding are also updated as national guidelines and protocols change. CHMT treatment literacy practitioners spend half their time with patients in ARV rollout and downstream referral sites that have the MHC.

Both Mindset and CHMT material have been developed through public-private partnerships including business (MTN, Liberty Foundation and Sunday Times) as well as assistance from government and parastatals (e.g. NDOH, and the national broadcaster, South African Broadcasting Corporation (SABC)).

DramAidE utilizes HIV positive Health Promoters in 23 tertiary institutions in South Africa to undertake treatment literacy, including pre-treatment training and adherence counseling for tertiary students living with HIV, using the treatment literacy series developed by CHMT. They work closely with government treatment sites to fast-track students to initiate treatment early on.

Lesedi Lechabile and Mothusimpilo train their peer educators in treatment literacy using the treatment literacy series developed by CHMT that addresses pre-treatment training and adherence counseling, targeting vulnerable women and mine workers in the mining districts of North West and the Free State provinces.

Lighthouse Foundation trains its peer educators and community facilitators to work in the 13 informal settlements in the Madibeng District of the North West province. Training incorporates treatment literacy, including pre-treatment training and adherence counseling, based on the treatment literacy series

Activity Narrative: developed by CHMT. These topics are included in their community outreach activities, comprising door to door campaigns and HIV support groups.

Sonke Gender Justice undertakes treatment literacy, including pre-treatment training and adherence counseling with people living with HIV in the areas surrounding the men's clubs that are to be expanded in North West, Northern Cape and Limpopo provinces.

Matchboxology (MB), in partnership with the South African Professional Footballers Union and the Professional Soccer League (PSL), provides treatment literacy training to football players who are living with HIV including pre-treatment counseling and pre-adherence counseling. MB works closely with treatment centers so that they can fast-track players to initiate treatment early on. Footballers will be mobilized to promote treatment literacy in interaction with their supporters and as part of their social responsibility.

A partner, to be identified, will undertake treatment literacy, including prevention with positives, pre-treatment training and adherence counseling in the areas of northern KwaZulu-Natal using the materials developed by CHMT as part of their community outreach activities with people living with HIV.

ACTIVITY 2: Media Support for Community Mobilization

ABC Ulwazi produces a radio talk show series tailored to 60 community radio stations. Special emphasis is on pre-treatment training and adherence counseling. Each episode ends with a summary and clear messages on the topic discussed. Listeners' Associations formed by local citizens have facilitators' guides to carry out community outreach interventions related to the series themes.

SABC continues the theme of treatment through two programs: Trailblazers, a 13 episode TV series highlighting success stories including best practices in this area; and a second season of a 26 episode adult TV drama series. Both TV programs are accompanied by radio talk shows (on 9 local language stations) as well as web-based content. The storylines include a focus on treatment and prevention for positives.

JHU/CCP contributes towards meeting the vision outlined in the USG PEPFAR Task Force Five-Year Strategy for South Africa by providing quality treatment literacy education to health providers, their patients and communities. In addition JHU/CCP builds capacity of other organizations to utilize treatment literacy materials to support work with people living with HIV on positive prevention and treatment literacy. By training individuals to deliver quality ARV services and reaching South Africans with correct treatment literacy messages, this activity contributes to the PEPFAR goal of putting two million HIV-infected people on treatment. This activity also contributes towards achieving the National Strategic Plan of South Africa 2007 - 2011 target of ensuring that more than 80% of people living with HIV and their families are provided with an appropriate package of treatment, care and support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7536

Related Activity: 13965, 13952, 13953, 13954, 13964, 13955, 13956, 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23081	3274.23081.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$776,724
7536	3274.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$2,450,000
3274	3274.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13958	2987.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$776,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$850,000

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	150,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	12,000	False

Indirect Targets

JHU/CCP and its partners are engaged in mobilizing communities (women and men) around treatment literacy through using interpersonal communication including community mobilization through activities such as household visits, structured community events and activities and discussions in clinics. These included health centers and mobile clinics that visit hard to reach areas and under-serviced communities such as informal settlements and deep rural areas, tertiary campuses and workplaces. As part of its efforts to strengthen the health delivery system, a study will be undertaken to examine the extent to which task shifting the care and support for people living with HIV (PLHIV) within clinical settings and tertiary institutions contributes towards improved care and support for PLHIV.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Western Cape
Free State
Mpumalanga
Northern Cape
North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 257.08
Mechanism: N/A
Prime Partner: Medical Research Council of South Africa
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: 2953.08
Planned Funds: $2,019,540
Activity System ID: 14023

Activity Narrative: SUMMARY:

This activity is carried out to support a comprehensive best-practice approach to integrated TB/HIV care, that will improve access to HIV care (counseling and testing, care and treatment, screening, referral, pharmaceuticals) for TB patients, and promoting TB screening (and eventual TB treatment as required) among patients attending HIV clinics, with particular reference in this activity to provision of ARV drugs to TB patients meeting eligibility criteria according to the South Africa HIV treatment guidelines. Activities are focused in five provinces of South Africa. The major emphasis area is human capacity development and strategic information.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by the Medical Research Council (MRC) with FY 2004 PEPFAR funding. Early activities included a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ARV site, and the development and implementation of a best-practice model in FY 2005. Preliminary results from the model site confirmed the benefits of an integrated TB/HIV approach, reflected in a drastic reduction in patient mortality, improved quality of life of TB patients with HIV and prolonged survival. Results also confirm the safety and efficacy of dual regimens, showing that ART can safely be instituted within the first month of TB treatment.

Expansion of the best-practice approach to two additional sites in different geographical settings was started in FY 2006 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with departments of health (DOH), and the challenges posed by dual stigma. Activities in the existing sites will continue in FY 2008, with expansion to additional sites in remote rural settings where active TB screening among people living with HIV (PLHIV) will be implemented. These sites are characterized by extreme poverty, poor health infrastructure, cross border migration and limited health care access for patients. The challenges of novel solutions for treatment delivery in such settings will be specifically addressed, as will strengthening of systems for treatment adherence. Activities are implemented directly by MRC and by contracted sub-partners World Vision and the Foundation for Professional Development (a PEPFAR partner).

ACTIVITIES AND EXPECTED RESULTS:

Activities include provider-initiated HIV counseling and testing, TB screening by symptoms and sputum investigations, referral to appropriate services (PMTCT, STI, partner-counseling) and enrollment in relevant HIV care and treatment programs. The MRC will support sites to implement a best-practice model of integrated TB/HIV care. This approach involves: (1) clinical management (CT, antiretroviral treatment (ART), management of drug adverse effects, STI management, preventive therapy); (2) nursing care (TB screening, patient education, treatment adherence, HIV prevention); (3) integrated TB/HIV information, education and communication; (4) nutrition intervention; and (5) palliative HIV and AIDS care and support.

Activities include renovation of the sites to meet South African accreditation requirements for ART rollout, site staff training, supervisory staff training to maintain quality standards, hiring of key personnel, development of patient educational material, procurement of the required commodities, and establishment of appropriate referral links, including those with governmental ARV sites to ensure continuity. The MRC will monitor CT practices, strengths and weaknesses of TB/HIV referral systems, human resource analyses, and conventional TB treatment outcomes.

The MRC will implement ongoing quality assessment through onsite supervision and external quality assurance mechanisms such as utilization of checklists. Regular feedback meetings will be held with project staff to identify potential problems and to facilitate corrective action.

Stigma around HIV and AIDS and TB is specifically addressed through patient education and targeted intervention strategies such as peer group counseling and advocacy campaigns.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care and will help to increase and improve access to HIV care of co-infected TB patients and increasing TB case finding among PLHIV. Implementation of lessons learned in the model-based best-practice approach will facilitate rapid identification of systems and operational needs and will allow for corrective action. Analysis of the strengths and weaknesses of an expanded approach to integrated TB/HIV management will facilitate national scale-up of comprehensive programs for patients with dual infection.

TB services in SA will in future form a vital link to accredited public sector ARV sites. This project will strengthen TB services as point of delivery of ART, by ensuring that human, financial and infrastructure needs for comprehensive TB/HIV programs are met through equitable allocation of scarce resources and through analyses of cost-effectiveness and cost-benefit. Increased TB case-finding in HIV settings is a crucial component of disease control, yet largely lacking in routine health services.

In FY 2007 the project evaluated strategies for active TB case finding in vulnerable populations and assessed its implications for TB and HIV control programs. In 2008 the project will implement and continue to evaluate these strategies across sites. Activities will be directed towards eliminating bottlenecks in ART provision (particularly those due to human resource capacity), addressing weaknesses and limitations in down referral systems, documenting and managing drug adverse effects, and monitoring of treatment adherence. Integration of TB and HIV services will be a prime focus, to facilitate quick and seamless patient access to ARV drugs, thereby decreasing patient morbidity and mortality.

Funding will also be used to implement an integrated electronic patient information system at the different sites to support routine data collection, to facilitate patient referral and to allow data transfer to the national routine TB recording and reporting system, which is now integrating HIV testing and service data.

The MRC activities contribute to the 2-7-10 PEPFAR goals and the USG South Africa Five-Year Strategic Plan by integrating TB and HIV services and expanding access to care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7660

Related Activity: 14018, 15085, 14019, 14020, 14021, 14022, 14024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22926	2953.22926.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$0
7660	2953.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$2,082,000
2953	2953.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2645	257.06	TB/HIV Project	$1,020,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14024	8044.08	6686	257.08		Medical Research Council of South Africa	$1,050,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	31	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,239	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,573	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,557	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	70	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

KwaZulu-Natal

North-West

Eastern Cape

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	486.08	**Mechanism:**	N/A
Prime Partner:	National Department of Correctional Services, South Africa	**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:	4526.08	**Planned Funds:**	$203,700

Activity System ID: 14039

Activity Narrative: SUMMARY:

FY 2008 PEPFAR funds will be used by the Department of Correctional Services (DCS) to establish and accredit six more antiretroviral (ARV) treatment sites which will facilitate the comprehensive management of HIV and AIDS. These six new sites, in addition to the nine already accredited, will ensure that there is one accredited ARV treatment site per province. The major emphasis area for this program will be human capacity development. The target population will include men and women offenders, people living with HIV (PLHIV) and their caregivers, and several most at-risk populations (e.g., men who have sex with men, injection drug users and tattooing with contaminated instruments).

BACKGROUND:

DCS currently has nine correctional centers that have been accredited as antiretroviral treatment (ART) sites (Grootvlei Correctional Center in the Free State/Northern Cape Region, Pietermaritzburg Correctional Centre and Qalakabusha Correctional Centre in KwaZulu-Natal Region, Kimberley, Groenpunt and Kroonstad Correctional Centres in Free State/Northern Cape Region, St. Albans Correctional Centre in Eastern Cape Region and Johannesburg Correctional Centre in Gauteng Region). Other than the nine accredited ART centers, the DCS refers offenders to Department of Health public health facilities to access ART. This program will encourage the establishment and accreditation to improve access for incarcerated populations.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of Personnel as ARV Project Managers

FY 2008 PEPFAR funds will be utilized to train DCS personnel as ART project managers. Training will include management of ART services, plan development, budget planning, information and other management systems. The trained personnel will ensure adequate facility and resource management of ART service, in accordance with South African ART guidelines. At this point in time staff members are just being trained to provide services to offenders.

ACTIVITY 2: Procurement of Information, Education and Communication Material

DCS will procure ART educational material that will be utilized during treatment literacy campaigns. The educational material will be distributed to all correctional centers and the utilization thereof will be monitored and recorded by the management area and correctional center coordinators. In addition to the distribution of pamphlets, there will be treatment literacy education to enhance the understanding of adherence to the offenders.

This activity contributes to the PEPFAR objective 2-7-10 by providing information on treatment to offenders, and thereby increasing capacity to effectively provide HIV care and treatment services. These activities are not at the site level but are more system strengthening activities and constitute what is considered 'indirect' support within the Correctional Services facilities. Therefore there are no direct targets for numbers of people reached.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7378

Related Activity: 14036, 14037, 14038, 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23000	4526.23000.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$0
7378	4526.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$210,000
4526	4526.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14036	3030.08	6691	486.08		National Department of Correctional Services, South Africa	$135,800
14037	6544.08	6691	486.08		National Department of Correctional Services, South Africa	$388,000
14038	3032.08	6691	486.08		National Department of Correctional Services, South Africa	$630,500
14040	3031.08	6691	486.08		National Department of Correctional Services, South Africa	$145,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	4,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	15	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	600	False

Indirect Targets

The activity will indirectly target all offenders who will be assessed and provided with ART.

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

Limpopo (Northern)

Northern Cape

Free State

KwaZulu-Natal

Mpumalanga

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	588.08	**Mechanism:**	Strengthening Pharmaceutical Systems
Prime Partner:	Management Sciences for Health	**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:	3088.08	**Planned Funds:**	$2,328,000
Activity System ID:	14005		

Activity Narrative: SUMMARY:

Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) project will support the South African Government's (SAG) Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT). SPS improves the reliable provision of ARV services and other related services; support monitors progress towards compliance with pharmaceutical legislation and ARV accreditation requirements for provincial health facilities; trains pharmacists and pharmacist assistants in basic principles of HIV and AIDS management; trains health personnel in conducting medicine use evaluations, using adherence to antiretroviral treatment (ART) measurement tools; supports the review of national standard treatment guidelines (STGs) for HIV and AIDS, TB, STI and other diseases; strengthens the provincial implementation of pharmaceutical therapeutic committees and medicine information centers; and strengthens pharmacovigilance reporting. The emphasis areas are human capacity development and wraparound programs. Target populations include National AIDS Control Program staff, policy makers, public and private health care workers (especially pharmacists), people living with HIV (PLHIV) and their families, OVC and the general population of children, youth and adults. SPS will work in all nine provinces to support national, provincial and local government pharmaceutical services as well as the Department of Correctional Services. Opportunities for collaboration with the Supply Chain Management System (SCMS) Project will be explored.

BACKGROUND:

Since FY 2004, RPM Plus has been working in close collaboration with the National Department of Health Pharmaceutical Policy and Planning (NDOH-PPP) Unit, and provincial and local government pharmaceutical services to support the delivery of pharmaceutical services at all levels. The following activities are a continuation of the activities initiated since FY 2004. Systems and models have been developed and tested. In FY 2008, SPS will continue the implementation of these on a larger scale and monitor the impact on the delivery of ART at accredited sites. These activities have received the full support of the NDOH-PPP unit and the provincial pharmaceutical services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Pharmaceutical Services Delivery

Since 2004 RPM Plus has provided assistance to all provinces in monitoring progress towards compliance with the SAG legislative requirements that relate to the delivery of pharmaceutical services as well as the applicable standards for the accreditation of health institutions (hospitals, community health centers) to provide ART. This activity addresses issues related to infrastructure, human resources, equipment and systems. Thus far activities have included the development of a monitoring tool and the conducting of reviews in the provinces and Metros. A national workshop was held in 2007 which was attended by representatives of all provinces, the national office, local governments and correctional services. In FY 2008 the work will continue with the focus being on strengthening pharmaceutical services within the legislative framework. Activities will include assistance with the development of policies and procedures at all levels, development and implementation of models of service delivery to support the provision of quality service to patients with HIV and AIDS, TB and other diseases, capacity building in the areas of governance, pharmaceutical care and monitoring and evaluation of pharmaceutical service delivery.

ACTIVITY 2: Pharmacovigilance

The CCMT recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV and AIDS patients. The identification, diagnosis, management and reporting of HIV medication-related adverse effects are critical. RPM Plus has worked with the national and provincial health departments and other key stakeholders to develop training materials to meet this need. SPS will conduct training programs to build capacity by providing skills and knowledge to HIV and AIDS program managers and the Medicine Regulatory Authority (MRA) on the principles of public health pharmacovigilance and the safety of antiretroviral agents. In addition, SPS will assist and advise facility-based HIV and AIDS programs on the planning and implementation of pharmacovigilance surveillance activities, with subsequent follow-up at the provincial and national levels; support scientific research relating to key drug safety issues identified in the region; assist in the communication of information obtained from pharmacovigilance systems and research managed by the national and local HIV and AIDS programs; and establish networks linking pharmacovigilance programs in the region with each other in order to encourage information exchange and skills transfer.

ACTIVITY 3: ART Adherence

Since August 2005, RPM Plus has been working in collaboration with the national and Eastern Cape HIV and AIDS units and other key stakeholders to improve treatment outcomes and prevent resistance to ARVs through the development of ART adherence measurement tools and determining best practices. Following the successful development and piloting of an adherence assessment tool the National Department of Health requested RPM to roll out the tool in May 2007. Clinical staff (doctors, nurses and pharmacists) will be trained by SPS in providing: patient education on HIV, AIDS and ART; provider education on HIV, AIDS and ART; psychological and social screening of patients to assess readiness for treatment; and support services to facilitate resolution of barriers to adherence. These efforts will also contribute to the overall strengthening of the health system as medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic diseases. In the long-term the goal is to develop a network of expertise and facilities, and establish South Africa as a Regional Pharmaceutical Technical Collaboration Centre (RPTCC) for ARV adherence-related matters.

ACTIVITY 4: STGs and Rational Drug Use

The revised edition of the South Africa adult and pediatric STGs for the hospital level has just been published. These STGs include new chapters on HIV and AIDS care and treatment. SPS will assist the NDOH in reviewing these STGs and the primary health care EDL on an ongoing basis, and the provinces in promoting these new STGs. SPS will also conduct provincial workshops on rational drug use; strengthen provincial, district and institutional pharmaceutical and therapeutic committees (PTCs); assist with the

Activity Narrative: development of provincial formularies; train staff in basic principles of pharmacy economics and the use of evidence-based principles for drug selection; and implement provincial medicines information centers. Through these activities SPS will also assist the NDOH in reviewing their infection control policies and guidelines.

ACTIVITY 5: Down Referral and Integration of Services

There is a need to scale-up access to ART. One strategy of the NDOH is to down refer stabilized patients on ART to their nearest primary health care (PHC) facility. The other long-term approach is to initiate the treatment at PHC level. SPS will support these two critical initiatives by assisting in the development, implementation and strengthening of down referral systems as well as the integration of the provision of ART with the supply of medicine for other conditions treated at PHC level. RPM Plus has included a down referral module in their integrated drug supply management system (RxSolution).

ACTIVITY 6: Training of Pharmacy Personnel from ART sites (and others)
There is an urgent need to build capacity among pharmacy personnel to manage patients on ARVs. The anticipated deployment of the National AIDS treatment program at PHC level, make this activity a priority. RPM Plus has developed a 5-day HIV and AIDS training program specifically for Pharmacists and Pharmacist's Assistants. This training program is being accredited by the South African Pharmacy Council. In FY 2006 over 1200 health personnel have been trained. SPS will expand this program to PHC Level Pharmacy personnel and to other counterparts such as Correctional Services.

ACTIVITY 7: Technical Assistance to Local Counterparts

Since its inception in 2003, RPM Plus has been requested on a regular basis by government (e.g. Medicines Control Council) and non-government organizations (e.g. the South African Pharmacy Council, the South African Qualifications Authority) to provide ad hoc technical assistance for a wide range of services such as the development of staffing norms for pharmaceutical services, accreditation of facilities, development of standards of pharmacy practice, the review/revision of the scope of practice and competency standards for persons involved in the provision of pharmaceutical services, implementation of legislation to reduce the price of medicine and improve medicine availability to communities, (including ARVs and medicine used in the treatment of co-morbidities) and the development and implementation of public-private partnership service level agreements. In FY 2008 SPS will continue to provide technical assistance in these areas as well as other emerging issues such as pharmacy care and monitoring and evaluation.

All these activities will build South African capacity and support the improvement of health services. This will contribute to the achievement the overall PEPFAR goals of reaching 10 million people with care and 2 million with treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7559

Related Activity: 14002, 14003, 14004, 15416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23107	3088.23107.09	U.S. Agency for International Development	Management Sciences for Health	9901	588.09	Strengthening Pharmaceutical Systems	$1,615,449
7559	3088.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	$2,000,000
3088	3088.06	U.S. Agency for International Development	Management Sciences for Health	2703	588.06	RPM Plus 1	$1,050,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14002	7854.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$349,200
14003	7856.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$407,400
14004	3087.08	6682	588.08	Strengthening Pharmaceutical Systems	Management Sciences for Health	$2,328,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	350,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	30	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	15,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	50,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	42,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,800	False

Indirect Targets

SPS reaches people on ART indirectly through training of health care workers. This reach will depend on the progress made by the South African Government in implementing the National HIV and AIDS Comprehensive Treatment and Care Plan. This program is expected to grow substantially. In addition SPS will expand its activities to new counterparts such Correctional Services and other local government authorities (e.g. Nelson Mandela Metropole Municipality). The broadened activities under SPS will strengthen pharmaceutical service delivery at all levels, resulting in improved quality of care to all patients.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6155.08 **Mechanism:** UGM

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12337.08

Activity System ID: 14256

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: $2,140,000

Activity Narrative: SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to: (1) facilitate further scale-up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

Pact's primary goal is to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high quality services. Primary target include Non-Governmental Organizations (NGOs), Private Voluntary Organizations (PVOs), and Faith-Based Organizations (FBOs). Pact's major emphasis is the enhancement of local sub-partner capacity through the development and implementation of documented organizational systems and procedures and human capacity development at management and operational levels.

BACKGROUND:

Since 2004, Pact has facilitated the efficient flow of grant funds during the rapid scale-up of the PEPFAR South Africa program. Pact provides PEPFAR funding and assistance to over 30 PEPFAR sub-partners in South Africa playing valuable roles in the fight against HIV and AIDS.

The sub-partners procure USG and SAG approved ARVs through supply chain vendors and oversee their distribution to government treatment facilities and accredited private providers. Partners also work closely with providers to develop drug tracking and monitoring systems to facilitate correct and accurate patient uptake, treatment management, and referral. Additional services in support of ARV drug distribution include lab testing, adherence support, patient counseling, telemedicine and quality assurance monitoring. Partners also equip government clinics and hospitals with the human resources including doctors, nurses, pharmacists and counselors. In addition, these programs provide specialized training addressing appropriate delivery of ART services and the provision of holistic HIV care. Pact has contributed to the 2-7-10 PEFPAR goals through support to 2 partners providing ARV drugs to over 1,000 HIV positive, uninsured individuals in treatment sites throughout South Africa.

Partners work closely with and in the SAG provincial, municipal and district facilities to facilitate the seamless transfer of patients in and out of public and private networks of care. As a result, their programs continue to grow tremendously in both reach and complexity. This scale-up will require strong financial, monitoring and evaluation, and management systems to accommodate the growth in reach and maximize sustainability. With FY 2008 funding, Pact will continue to provide capacity building support through training and mentoring necessary to further develop and strengthen partner organizations. Pact will also facilitate the sharing of these systems between emerging and well-established partners and reinforce the use of data and reporting for decision making.

ACTIVITY 1: Grant Management

Pact conducts a participatory assessment of each partner organization and collaboratively develops an organizational capacity building strategy that details planned interventions. These assessment results also inform Pact of what type of assistance must be provided urgently in order to ensure that the organizations comply with USAID rules and regulations (with emphasis on financial and procurement management).

Prior to the signing of grant agreements, Pact provides extensive assistance to organizations in developing comprehensive program design documents that accurately reflect planned activities and clearly articulate defined goals and objectives. Further assistance is provided in costing program activities and developing a detailed budget that is consistent with program objectives. Pact assists partners in developing realistic cost share levels and emphasizes the sustainability aspect of this requirement. After the signing of the agreement, Pact works with each partner in developing a very detailed annual work plan that includes specific activities to be implemented, timelines, budgeted amounts, target beneficiaries and projected reach. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of partner organizations to diversify their funding base and ensure sustainability.

ACTIVITY 2: Human Capacity and NGO Development

Pact has developed a customized training series to orient new partners and their sub-partners. The training series includes basic and advanced grants and sub-grant management which addresses USAID rules and regulations, good governance and minimum financial management standards. Monitoring and evaluation courses cover basic principles of monitoring and evaluation and PEPFAR data requirements as well as internal data quality assurance. Refresher courses are also offered throughout program implementation. Pact also ensures that ongoing, intensive onsite training and mentoring is provided to sub-partners. On a quarterly basis, Pact assesses the level and type of assistance required by each organization and develops a site visit plan that ensures that the necessary support is delivered to each sub-partner. Pact organizes and supports technical consultation meetings for the sharing of best practices and lessons learned among PEPFAR and non-PEPFAR partners. As required, technical assistance from select regional and international providers is sourced to assist partners in improving their technical capacity.

ACTIVITY 3: Monitoring and Evaluation

Pact SA assists each grantee in developing a results framework that tracks success against both PEPFAR program and organizational indicators. Pact further assists sub-partners in the development of monitoring, evaluation and reporting (MER) plans and systems. Participation in a five day M&E training is mandatory for all partners prior to full implementation. Pact provides additional M&E assistance to all partners in the following areas: review and development of effective data collection, analysis and reporting tools; setting realistic and achievable targets; establishing and strengthening data quality management systems, conducting internal data quality audits and verifying and validating sub-partner data submissions.

Activity Narrative:

ACTIVITY 4: Program and Financial Monitoring

Pact recognizes the importance of monitoring sub-partner program progress and early identification and resolution of implementation issues. Pact has frequent and regular contact with sub-partners and if technical/programmatic gaps or problems are identified, ensures that issues are promptly addressed and resolved.

In addition to monitoring program progress, Pact closely monitors sub-partner financial management and ensures that grants funds are utilized only for activities approved under PEPFAR funding. All partners submit monthly financial reports that that detail and document expenditures. Pact finance staff visit partners every quarter to audit program expenses and accompanying documentation, compliance with USAID rules (including branding requirements) and cost share.

ACTIVITY 5: Technical Assistance

Pact will provide and manage direct technical assistance in prevention, care and support strategies for all sub-grantees. Pact technical staff will conduct assessments and provide consultation and training on the development and implementation of programs and services. In addition, sub-grantees will be supported with guidance and ongoing assistance on the design and delivery of partner HIV and AIDS curricula, training modules and publications. Pact will also work closely with partners to ensure the effective incorporation and strengthening of nutrition and food security, protection services, gender mainstreaming, and human capacity development in existing programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12337

Related Activity: 14252, 14253, 14254, 14255, 13348, 13371, 13345

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22884	12337.22884.09	U.S. Agency for International Development	Pact, Inc.	9815	6155.09	UGM	$2,077,736
12337	12337.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		$1,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14252	12257.08	6755	6155.08	UGM	Pact, Inc.	$582,000
14253	12348.08	6755	6155.08	UGM	Pact, Inc.	$188,000
13345	7882.08	6447	2787.08		Absolute Return for Kids	$194,000
14254	12514.08	6755	6155.08	UGM	Pact, Inc.	$2,940,000
14255	12410.08	6755	6155.08	UGM	Pact, Inc.	$485,000
13348	3283.08	6447	2787.08		Absolute Return for Kids	$5,820,000
13371	2997.08	6453	397.08		Africa Center for Health and Population Studies	$2,619,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4132.08

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

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: 8107.08

Planned Funds: $0

Activity System ID: 14258

Activity Narrative: PEPFAR funds were allocated to the Supply Chain Management Systems (SCMS) Project to strengthen ARV patient information and reporting capabilities utilizing STAT (Secure Technology Advancing Treatment), a system based on biometric fingerprinting to ensure data verification and smartcards as a mobile, patient-retained medical record. This activity will continue in FY 2008, but since SCMS funding is still available in the Working Capital Fund, this activity will now be a TBD SCMS. In this way, PEPFAR SA will be able to spend down the unspent FY 2007 SCMS funds first, and then allocate funding to SCMS as needed through the reprogramming process.

Therefore there is no need to fund this activity with FY 2008 COP funds at this time, but TBD SCMS funds may be used at a later date.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8107

Related Activity: 14259, 14260, 14257

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22887	8107.22887.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9816	4132.09		$0
8107	8107.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4480	4132.07	Supply Chain Management	$3,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14260	14260.08	6756	4132.08		Partnership for Supply Chain Management	$0
14257	7935.08	6756	4132.08		Partnership for Supply Chain Management	$0

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	102	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

The Supply Chain Management Project will indirectly support the entire national ARV rollout in South Africa through its activities aimed at strengthening ARV patient information and reporting capabilities utilizing STAT, as well as the technical assistance aspect which will focus on the following areas: quantification and forecasting, procurement, quality assurance, freight forwarding and inventory management, distribution (including pharmacy services for individual patient treatment packs), logistics management information systems, and assistance to manufacturers and suppliers.

Coverage Areas
Gauteng
KwaZulu-Natal
Eastern Cape
Free State
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	500.08	**Mechanism:**	CDC Support - with CARE UGM
Prime Partner:	National Department of Health, South Africa	**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:	3282.08	**Planned Funds:**	$873,000
Activity System ID:	14061		

Activity Narrative: SUMMARY:

PEPFAR funding is set aside to support the National Department of Health (NDOH) in the implementation of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment, by providing financial and technical assistance to ensure greater access to antiretroviral treatment (ART).

BACKGROUND:
This is an ongoing activity in support of the National Department of Health, and has received PEPFAR funding since FY 2005. The activities are implemented by CDC staff supporting the National Department of Health, and will, when necessary, involve contracting out services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: CDC Staff Member Costs

Staff and travel costs for a locally hired CDC staff member to provide support to the National Department of Health (including the nine provincial health departments) when required in the implementation of the Comprehensive Plan. This includes site visits to PEPFAR-supported treatment sites, and regular provincial consultations with PEPFAR partners working within a specific province to ensure coordination and integration with the South African Government (SAG).

ACTIVITY 2: Meetings with Stakeholders

At least six meetings will be held with external stakeholders, including those organizations supported by PEPFAR. These meetings are held to discuss new developments in ART, program progress, implementation challenges, and creating new partnerships. Provincial coordinators for ART programs are involved in these meetings (national meetings). In addition meetings are held at provincial level to strengthen coordination at local level by mapping service provision at district level, determine gaps, and direct support.

ACTIVITY 3: Communication Materials

FY 2008 funds will be used to develop and distribute communication and marketing materials to the nine provincial management teams and PEPFAR partners relating to ART. This will focus specifically on job aids to ensure patients are properly managed once they test HIV positive. It also includes the distribution of technical materials to strengthen the five priority areas: human capacity development; pediatric HIV care and treatment; scaling up HIV counseling and testing; TB/HIV integration; and initiating ART at primary health care level.

ACTIVITY 4: Training

FY 2008 PEPFAR funds will be used for training meetings as requested by the National Department of Health, including training in the integrated management of childhood illnesses (IMCI) with a focus on pediatric ART.

ACTIVITY 5: Longitudinal Surveillance

FY 2008 funding will be used to support the National Department of Health effort to implement longitudinal surveillance (in previous COPs referred to as LSTEP). This activity will supplement Department of Health funding for surveillance. The sample will include both PEPFAR and non-PEPFAR supported sites to ensure representivity. This will include a retrospective sample cohort of persons on treatment with 6- and 12-month outcome data, and the ongoing monitoring of those still on therapy (at 6-month intervals), and a prospective cohort, which will collect information on a sample of people newly initiating ART and tracking the individuals over a period of time at 6-month intervals.

ACTIVITY 6: Monitoring and Evaluation

PEPFAR funds will be used to provide support to the Department of Health in the design and implementation of standardized pre-ART and ART registers. This activity will also include the training of data capturers to strengthen the collection of ART data at facility level.

These activities contribute to the implementation of the 2-7-10 PEPFAR goals by strengthening the capacity of the National Department of Health and the nine provincial health departments to implement the Comprehensive Plan, and ensure improved access to treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7368

Related Activity: 14057, 14058, 14068, 14069, 14063, 14071, 14059, 14060, 14062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22851	3282.22851.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$847,600
7368	3282.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$850,000
3282	3282.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	$850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14062	3044.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,213,058

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	500,000	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

This is the PEPFAR targets for South Africa - 500,000 patients on ART by September 2009. Activities in this COP aim to support the national ARV roll-out.

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9626.08

Mechanism: N/A

Prime Partner: Walter Sisulu University

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: 7963.08

Planned Funds: $1,164,000

Activity System ID: 14052

Activity Narrative: SUMMARY:

The Eastern Cape Regional Training Center (ECRTC) will use FY 2008 funds in the Eastern Cape to strengthen the capacity of healthcare workers (HCW), facility managers, social workers, doctors, nurses, lay counselors and community health workers (CHW); prepare new sites for accreditation; and provide mentoring to strengthen the provision of quality antiretroviral treatment (ART). Activities in this program area will expand by recruiting an extra centrally based physician and pharmacist to strengthen the existing teams and continue supporting the original 2 hospitals and 11 clinics in Mthatha. Three training, mentoring and support teams from ECRTC will be strengthened by recruiting an additional 2 clinical training officers, and will each continue to support a facility and its referral clinics for a period of four months to initially evaluate the treatment services training needs and provide targeted didactic training, ongoing mentoring and coaching by performance improvement officers on a continuous basis using standardized procedures manual and tools, when the lead training teams have moved on. The creation of a learning network will expand community support groups where PWAs will be trained to implement a basic HIV and AIDS care package including ART. The emphasis areas are human capacity development and local organization capacity building.

BACKGROUND:

The ECRTC was established through a service agreement between the prime partner Eastern Cape Department of Health (ECDOH) and Walter Sisulu University (WSU) to provide ongoing training for quality improvement in HIV care and treatment programs.

The function of the ECRTC has been to develop accredited training modules and care protocols for different categories of health workers based on National Department of Health guidelines. ECRTC has demonstrated and evaluated the HIV, TB and STI best practices continuum of prevention, care and treatment model in selected facilities, providing direct patient care and the opportunity for HCW to receive practical training. ECRTC provides technical assistance to the ECDOH regarding the expansion of its HIV intervention programs, and supports hospital and clinic site readiness for accreditation to provide comprehensive HIV care and treatment.

The primary target populations are the facility managers, doctors, nurses, social workers, lay counselors, CBO staff and community health workers.

During the past three years ECDOH has introduced a comprehensive HIV care and treatment program. After workshops alone HCW were unable to implement programs. A number of patients have been started on ART at hospital level, but there is a gap in preparing primary clinics to continue supporting patients (down-referral). Many eligible patients are started late on ARVs which results in poor outcomes. There is limited awareness and skill among clinics to enable early diagnosis and entry into the care system. There are known drug-drug interactions in patients with co-treatment of ARVs and other drugs and a number of side-effects and complications are beginning to emerge. There is a need to provide facility-level mentoring support from more experienced clinicians.

The ECRTC has been working with provincial ART managers in developing and disseminating care protocols and will be providing support and working closely with the district and facility managers in introducing the process to increase skills capacity to improve the quality of HIV treatment.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 ECRTC activities will continue to address the following activities: training; local organization capacity development; quality assurance; and supportive performance improvement supervision. Funding will be used to enhance the ECRTC strategy of training, preparation of new facilities for accreditation as ARV sites, and providing clinical mentoring to selected sites but also building patient Information management and training. ECRTC will use funds to employ and support administration and logistics of a comprehensive care training team consisting of a clinical director, three doctors, three nurse clinicians and three administrative assistants (for three teams), one each placed at the three satellite sites (Mthatha, Port Elizabeth, and East London). Each team will provide dedicated support to three district hospital sites and their referral clinics for a period of four months, and then move to the next three sites for the next four months, completing three cycles a year.

ECRTC will use funds to employ a research and M&E manager, information systems officer and a central information officer supporting the 3 teams and continued facility/clinics records management and reporting capacity building. The M&E team be responsible for monitoring and evaluation of all ECRTC activities, through accurate measurement of results, designing M&E tools for the teams/clinics and knowledge database maintenance The activity will address the priority areas of human capacity development, improving skills of a care team at facilities (doctors, nurses, managers, social workers, health promoters and CHW) through targeted didactic training, case discussions and mentoring in assessing, initiation, follow-up and monitoring of patients on ARVs while considering and reviewing relevant local system issues. Ongoing support will continue with telephone consultations after the four months. ECRTC will train and mentor 35 facilitators from 7 NGOs who will cascade the training of a comprehensive curriculum for community health workers to include ART.

ECRTC training and mentoring will address data collection, maintaining accurate records, feedback and usage through quality improvement cycles to address early presentation, follow-up of patients for adherence, complications and pharmacovigilance.

Training of facility staff, a CBO and community health workers will emphasize follow-up and tracking mothers from the PMTCT program to enable PCR screening, early detection and referral of children into the care and treatment programs.

The primary objective of the project is sustainable, targeted human capacity development for the HCWs. ECRTC staff will also continue to develop and improve their knowledge and skills by having weekly academic discussions, attending relevant conferences and ongoing mentoring from local experts and visiting experts through collaboration with partners I-TECH and the Owen Clinic.

Activity Narrative:

In the past twelve months with PEPFAR funds, ECRTC has developed protocols and models which have been introduced in the province as new sites are supported for accreditation. More than 27 treatment sites have been supported for accreditation and the ECRTC will continue to support accreditation of new sites in FY 2008. A system of improvement cycles has been introduced. A pharmacovigilance program has been piloted in two hospitals and nine clinics, which highlighted a number of complications as well as drug-related problems, which will be addressed through the training and mentoring program.

This activity contributes to the PEPFAR objective 2-7-10 by increasing the capacity of the public sector to effectively provide HIV care and treatment services. These activities are not at the site level but are more system strengthening activities and constitute what is considered 'indirect' support in the Eastern Cape province. Therefore there are no direct targets for numbers of people reached.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7963

Related Activity: 14049, 14050, 14051, 14053, 14054, 13868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22717	7963.22717.09	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9773	9626.09		$955,370
7963	7963.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14049	3034.08	6695	492.08		National Department of Health, South Africa	$0
14050	7961.08	9626	9626.08		Walter Sisulu University	$679,000
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
13868	3334.08	6637	2808.08	I-TECH	University of Washington	$2,455,000
14053	3038.08	6695	492.08		National Department of Health, South Africa	$0
14054	3039.08	6695	492.08		National Department of Health, South Africa	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	6,480	False
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	243	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	567	False

Indirect Targets

The expanded teams will support human capacity development through mentoring of staff and strengthen down referral in 27 Hospital and their referral clinic for each hospital and expansion of feeder clinic reach to extra 81 feeder clinics.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	7338.08	**Mechanism:**	UGM
Prime Partner:	Family Health International SA	**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:	16091.08	**Planned Funds:**	$1,011,800
Activity System ID:	16091		

Activity Narrative: This is a new activity in FY 2008.

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale-up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

BACKGROUND:

Since 2004, USAID has been obligating funds through umbrella grants to partners and sub-partners in South Africa who are playing a valuable role in the fight against HIV and AIDS, including ARV treatment services. Through this UGM, FHI is responsible for managing sub-grants to at least ten sub-partners (all of whom submit their own FY 2008 COP entries). FHI will not directly implement program activities, but rather act as a grants management partner to manage and mentor sub-recipients who, in turn, carry out the assistance programs. Thus, FHI utilizes a small percentage of overall funds for administrative purposes, with the remainder used for technical assistance and management support.

The USG closely collaborates and coordinates with the South African Government (SAG) in supporting PEPFAR partners through the umbrella grant mechanism. Although some of the partners work closely with various SAG Departments at national and/or local (i.e. provincial and district) levels, the umbrella grant's primary interface with the SAG is through the Senior Management Team, which includes key staff from USAID, National Departments of Health and Social Development (NDOH, DOSD), and representatives from the provincial departments.

Under this UGM with FHI, it is possible that sub-partners will be providing ARV services for HIV-infected individuals, including patient uptake, counseling and testing, doctor consultations, laboratory testing, treatment management, adherence support, patient counseling, telemedicine, and quality assurance monitoring. The final details of this are not available, as all of the new sub-partners have not yet been identified.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Grants Management

Under this UGM, FHI will award and administer grants to partners selected through the PEPFAR APS competitive process to implement HIV and AIDS activities, potentially including treatment activities. This may involve an array of related activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. As relevant, FHI will monitor ARV services provision program implementation and adherence to financial regulations. This can involve provision of technical assistance to partners on project development and implementation, financial management, monitoring and evaluation, and reporting.

ACTIVITY 2: Monitoring and Evaluation and Reporting

This umbrella mechanism also includes a provision for support to partners providing ARV services in monitoring and evaluation, in order to strengthen measurement of the implementation and impact of program activities. Monitoring and Evaluation support for ARV services partners include measurement of program progress; provision of feedback for accountability and quality; and implementation of information management systems. In addition, the umbrella mechanism will provide supportive supervision to provide guidance, monitoring, mentoring and oversight through site visits, technical assistance, and performance evaluation.

The umbrella grant mechanisms will contribute to the PEPFAR goals of providing treatment to 2 million HIV-infected people; preventing 7 million HIV infections; and providing care to 10 million people, including orphans and vulnerable children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16087, 16088, 16089, 16090

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16087	16087.08	7338	7338.08	UGM	Family Health International SA	$485,000
16088	16088.08	7338	7338.08	UGM	Family Health International SA	$142,500
16089	16089.08	7338	7338.08	UGM	Family Health International SA	$679,000
16090	16090.08	7338	7338.08	UGM	Family Health International SA	$363,750

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2797.08
Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
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: 16321.08
Planned Funds: $0
Activity System ID: 16321

Activity Narrative: TYPE OF STUDY: Continuing.

TITLE OF STUDY: Identifying Optimal Models of HIV Care and Treatment in the Eastern Cape.

TIME AND MONEY SUMMARY: The International Center for AIDS Care and Treatment Programs at Columbia University's Mailman School of Public Health (Columbia-ICAP) is using PEPFAR FY 2006 funds for this study. This study will take place over 24 months. Activities for this PHE started in FY 2007 and are expected to be completed in early 2009. No additional funding is requested for completion. No funding has been leveraged/contributed from other sources.

LOCAL CO-INVESTIGATOR: Coceka Noguduka, Eastern Cape Department of Health (ECDOH), HIV/AIDS Directorate.

PROJECT DESCRIPTION: The main objective of this protocol is to combine and analyze de-identified data that are collected as part of routine service delivery on patients receiving HIV care and treatment at sites support by the Department of Health and Columbia University-ICAP.These sites are primarily located in the Eastern Cape Province, South Africa. Combined data will be used to assess and to better understand the relationship among individual-level factors, site- and program-level factors and HIV care and treatment outcomes. The results from this protocol will aid the interpretation of observed differences in key outcomes across sites as suggested by the aggregate care and treatment indicators.

This study was undertaken with the following objectives:

(1) Assess the degree of variation in patient outcomes across HIV care and treatment delivery sites, independent of differences in the characteristics of patient-level factors across sites. Firstly, data on pre-antiretroviral treatment (ART) patients will be assessed to compare the risk of loss to follow-up (LTF), ART initiation among eligible patients, and survival across sites before and after controlling for patient-level factors (age, sex, stage of disease, baseline CD4). Secondly, data on patients on ART will be assessed to compare the risk of LTF and survival among patients on ART across sites, before and after controlling for patient-level factors (age, sex, stage of disease, baseline CD4); and the changes in viral load, body weight and CD4 counts after ART initiation across sites before and after controlling for patient-level factors (age, sex, stage of disease, baseline CD4).

(2) Identify site-level and contextual factors that are associated with HIV care and treatment outcomes, after adjusting for patient-level factors. This second objective includes (a) assessing the degree to which individual macro-level factors (defined above) are associated with the patient outcomes listed in each objective above; (b) combining macro-level factors into composite scores to assess whether programs with more comprehensive services have more favorable patient outcomes than those with less comprehensive services; and (c) examining whether patients enrolled in family-focused care and treatment programs have better survival than patients in conventional care and treatment programs due to earlier initiation of ART.

(3) Determine the cost and clinical benefits associated with modifying specific site-level and contextual factors that influence HIV care and treatment outcomes. This objective includes (a) assessing the costs and clinical benefits associated with introducing macro-level factors found to be important; and (b) determining the cost effectiveness of introducing an optimal package of site-level service features.

This study will utilize a retrospective and prospective cohort design based upon secondary analysis of existing, routinely collected, de-identified, service delivery data. It will also include an analysis of cost-effectiveness. Currently, data on patients from each site supported by Columbia University-ICAP are collected in the form of paper-based registers, clinic health patient cards, and flow sheets. These data are to be transferred to an electronic database scheduled to be implemented in mid-late 2007. This protocol involves analysis of these data from the electronic database. De-identified baseline and follow-up clinical data from all patients ever enrolled in HIV care and treatment at 10 sites from the start of each site's HIV program will be abstracted from the database on a monthly basis. All data collected from patients since the time of enrollment in care will be included. Data from site-level assessments performed routinely every 6 months will also be included. The site-level characteristics data, including resources for costing of program components will be merged with patient data to determine the relationship between individual-level factors, macro-level factors, and HIV care outcomes. Patients are routinely followed according to the National Antiretroviral Treatment Guidelines (SA National Department of Health), which include visits every six months for pre-ART patients and every month for ART patients.

STATUS OF STUDY/PROGRESS TO DATE: In FY 2007, meetings took place between site leaders and Columbia University-ICAP. In addition, the final protocols were developed in collaboration with site facility staff, Columbia University-ICAP and CDC. Proposals were submitted for in-country Institutional Review Board (IRB) review to University of Fort Hare and Walter Susulu University for ECDOH clearance. Some study staff have been recruited and hired and in FY 2008 the full complement of staff will be realized. Data collection will begin after local IRB and Columbia University IRB approval has been granted.

INFORMATION DISSEMINATION PLAN: Results from this study will be disseminated in site level presentations and reports to participating sites, ECDOH, other Columbia University programs, and USG/CDC.

ACTIVITIES: Planned FY 2008 activities include finalizing data collection, conducting data analysis and widely disseminating findings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**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: 16322.08 **Planned Funds:** $0

Activity System ID: 16322

Activity Narrative: TYPE OF STUDY: Continuing

TITLE OF STUDY: Understanding ARV Treatment Initiation among Clinically Eligible Patients Receiving Pre-ART Care for HIV Infection in the Eastern Cape, South Africa.

TIME AND MONEY SUMMARY: The International Center for AIDS Care and Treatment Programs at Columbia University's Mailman School of Public Health (Columbia-ICAP) is using PEPFAR FY 2006 funds for this study. This study will take place over 24 months. Activities for this PHE started in FY 2007 and are expected to be completed in early 2009. No additional funding is requested for completion. No funding has been leveraged/contributed from other sources.

LOCAL CO-INVESTIGATOR: Coceka Noguduka, Eastern Cape Department of Health (ECDOH), HIV/AIDS Directorate.

PROJECT DESCRIPTION: Columbia-ICAP is currently supporting HIV care and treatment activities in 42 ART service points in the Eastern Cape province of South Africa. As of December 31, 2006, it is estimated that 50% of patients across all ICAP-supported sites are clinically eligible but have not yet initiated ART. In some cases, the number of eligible patients not receiving ART actually exceeds those on ART. The reasons for this anomaly are probably complex and manifold and are as yet unknown. Columbia-ICAP proposes to systematically identify and intervene upon key factors that enable or prevent those who enroll in HIV care and are deemed clinically eligible for ART, yet do not initiate ART within two months of being clinically eligible for ART. The primary objective of this study is to identify enablers and barriers to treatment initiation amongst clinically eligible patients already receiving pre-ART care for HIV infection. The evaluation will assess (a) the role of patient-related factors (e.g., disease stage, TB co-infection) in delaying treatment initiation; (b) the perceived role of facility- and provider-related factors in delaying treatment initiation; and (c) the role of the federal social disability grant in deferred treatment initiation.

A multiphase descriptive analysis and case-control study design will be used. Cases are defined as persons enrolled into HIV care who meet clinical ART eligibility criteria yet have not initiated ART within two months from date of eligibility. Controls are defined as persons enrolled into HIV care that meet eligibility criteria and have initiated ART within two months of the date of eligibility. Cases and controls will be matched on the date of eligibility (~ one month) during Phase 1. Site-level, provider-level, and patient-level enablers and barriers to treatment will serve as the exposures to be compared among the matched cases and controls. Patient registers will be used as a sampling frame from which a sample, stratified by site and eligibility period, will be selected. Given that participation is sought from those who have discontinued from the program, a ratio of 2-1 controls per case will be sampled.

The study duration is 24 months and consists of four phases:
Phase I (three months) includes a retrospective review and analysis of pre-ART and ART register data at each facility.
Phase II (three months) involves final classification of cases and controls by medical chart review for a sample of patients at each facility.
Phase III (three months) consists of focus group discussions with patients to gain a better understanding of the different enablers and barriers to ART initiation.
Phase IV (eight months) is comprised of a survey of cases and controls through structured face-to-face interviews.

POPULATION OF INTEREST: Survey population include men and women = 18 years of age, clinically eligible for ART, and enrolled at facilities supported by Columbia-ICAP.

SAMPLE SIZE:
Phase I: Data on 5,700 patients enrolled in HIV care at study sites since January 2005 will be abstracted from paper-based clinic pre-ART and ART registers.
Phase II: Medical records will be reviewed in reverse chronological order to the register in order to classify 100 patients as cases and 200 patients as matched controls per site.
Phase III: Up to 70 participants will be recruited for 9 focus group discussions at 2 to 3 clinic sites.
Phase IV: A sample of patients confirmed as either cases or controls in Phase II will be recruited for individual patient interviews as part of the case-control investigation.

STATUS OF STUDY/PROGRESS TO DATE: In FY 2007, meetings took place between site leaders and Columbia University-ICAP. In addition, the final protocols were developed in collaboration with site facility staff, Columbia University-ICAP and CDC. Proposals were submitted for in-country Institutional Review Board (IRB) review to University of Fort Hare and Walter Susulu University for ECDOH clearance. Some study staff have been recruited and hired and in FY 2008 the full complement of staff will be realized. Data collection will begin after local IRB and Columbia University IRB approval has been granted.

INFORMATION DISSEMINATION PLAN: Results from this study will be disseminated in site level presentations and reports to participating sites, ECDOH, other Columbia University programs, and USG/CDC.

ACTIVITIES: Planned FY 2008 activities include finalizing data collection, conducting data analysis and widely disseminating findings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13736, 13731, 13732, 13733, 13734, 13735, 16321, 16323

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
16321	16321.08	6587	2797.08		Columbia University Mailman School of Public Health	$0
16323	16323.08	6587	2797.08		Columbia University Mailman School of Public Health	$0

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2797.08	**Mechanism:**	N/A
Prime Partner:	Columbia University Mailman School of Public Health	**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:	16323.08	**Planned Funds:**	$0
Activity System ID:	16323		

Activity Narrative: TYPE OF STUDY: Continuing

TITLE OF STUDY: Assessing the effectiveness, acceptability, replicability and cost benefit of a peer educator program to improve long-term adherence to antiretroviral treatment (ART) among adults receiving HIV care and treatment in the Eastern Cape, South Africa.

TIME AND MONEY SUMMARY: The International Center for AIDS Care and Treatment Programs at Columbia University's Mailman School of Public Health (Columbia-ICAP) is using PEPFAR FY 2006 funds for this study. This study will take place over 24 months. Activities for this PHE started in FY 2007 and are expected to be completed in early 2009. No additional funding is requested for completion. No funding has been leveraged/contributed from other sources.

LOCAL CO-INVESTIGATOR: Ebrahim Hoosain, Manager, Public Health Surveillance Unit, Nelson Mandela Metropolitan Municipality.

PROJECT DESCRIPTION: Columbia-ICAP is currently supporting HIV care and treatment services in 42 sites in the Eastern Cape and KwaZulu-Natal provinces. As of December 2006, over 36,000 patients had been enrolled in care, including 20,000 who had initiated ART. Adherence support for patients on ART is provided on an individual basis by clinicians during routine clinic visits, as well as by pharmacists when patients return for medication refills, although the extent and quality of this support varies. In some sites, a range of informal providers also provides adherence support as part of broader hospital-, community- and/or home-based services they support. The study aims to assess the effectiveness of a site-level peer-based adherence support program, identify factors associated with sub-optimal adherence, determine the acceptability of a peer-based adherence support program, and estimate the costs and clinics benefits of a peer-based adherence support program. A separate sample pre-post design will be used to assess the impact of a peer-based adherence support program. Adherence interviews with a sub-set of patients enrolled in pre- and post-program implementation cohorts, focus group discussions (FGDs) with a sub-set of the patients interviewed, and data abstraction of routinely collected immunological and virological data for all patients (i.e. those enrolled and not enrolled in the cohorts) before and after the program implementation will be conducted.

The study will run for approximately 24 months. Interviews with a retrospective cohort of patients who initiated ART before the implementation of the peer-based adherence support program (i.e. pre-program cohort), FGDs with a sub-set of patients interviewed, and data abstraction for all of the pre-program patients will begin in January 2008 and run for about 3 months. The peer educator (PE) program will be initiated in April 2008 and run continuously for the duration of the study and, depending on the study results, potentially after the study end. Interviews with a prospective cohort of patients initiating ART after the implementation of the peer-based adherence support program (i.e. post-program cohort), FGDs with a sub-set of patients interviewed, and data abstraction for all of the post-program patients will begin in April 2008 and run for about 9 months.

Pre-program cohort: At each of the study sites, a retrospective pre-program cohort consisting of a sample of ART-naïve patients who started ART in the previous 11-13 months relative to a specified baseline time will be identified and enrolled in the study. A single interview will be done approximately 12 months after the pre -program cohort participants initiated ART.

Post-program cohort: A post-program cohort consisting of a sample of ART-naïve patients starting ART after the beginning of the peer program will be recruited prospectively in the first 3 months following the baseline. Each participant in the post-program cohort will be followed for 12 months after ART initiation and interviewed 6 and 12 months after ART initiation (3 interviews in total).

The proportion of patients 100% adherent at 12 months after ART initiation will be compared in the pre- and post-program cohorts to estimate the effectiveness of the peer-based program. In both cohorts, factors associated with sub-optimal adherence will also be examined. Interim analyses will also be conducted at the end of Year 1 and in mid-Year 2.

Focus group discussions (FGDs) with a convenience sample of patients participating in the pre- and post-program cohorts will be conducted to learn about their experiences taking ART and to probe further into barriers and facilitators of ART adherence. Data collected in the FGDs with the pre-program implementation cohort will also serve to refine the PE adherence support program. The FGDs conducted with post-program cohort members will be done after their 12-month interview and thus will address the acceptability of the PE program as per Study Objective 4. Additionally, the FGDs will allow the researchers to gather information on other potential benefits of the PE program, beyond those related to adherence. At each site, about 2 FGDs with 6-8 participations per FGD will be conducted both before and after the implementation of the PE program at each site, for a total of 8 FGDs. Where possible, FGDs will be limited to individuals of the same sex and age (e.g. <30 and =30 years) who started ART roughly at the same time.

A final approach to assess the impact of the program at the site level will entail abstraction from patient charts of the following data elements that are routinely captured on all ART patients:
(a) routinely collected baseline, 6 and 12-month CD4 cell count measures;
(b) routinely collected baseline, 6 and 12-month viral load measures;
(c) pharmacy refill data; and
(d) number of scheduled and missed visits within the first 12 months after ART initiation.

Each of these measures will be abstracted for both the pre- and post-program cohort members and non-cohort members (i.e. patients who initiated ART during the specified pre- and post-program cohort periods but are not enrolled in the cohorts). The socio-demographic characteristics of cohort and non-cohort members will be compared to assess the potential impact of participation bias in the cohorts. Median change in CD4 cell count and viral load 12 months after ART initiation will be compared for the patients enrolled in a study cohort (i.e. pre-program cohort vs. post-program cohort) and for those not enrolled in a study cohort (i.e. all patients not exposed to program vs. all patients exposed to program). Similarly, the proportion of patients obtaining ART refills in a timely manner will be compared for the patients enrolled in a study cohort (i.e. pre-program cohort vs. post-program cohort) and for those not enrolled in a study cohort (i.e. all patients not exposed to program vs. all patients exposed to program). Abstracting and analyzing

Activity Narrative: data for non-cohort members will allow us to obtain more valid clinical outcome data given the potential for selection bias when recruiting individuals into the cohorts.

STATUS OF STUDY/PROGRESS TO DATE: In FY 2007, meetings took place between site leaders and Columbia University-ICAP. In addition, the final protocols were developed in collaboration with site facility staff, Columbia University-ICAP and CDC. Proposals were submitted for in-country Institutional Review Board (IRB) review to University of Fort Hare and Walter Sisulu University for ECDOH clearance. Some study staff have been recruited and hired and in FY 2008 the full complement of staff will be realized. Data collection will begin after local IRB and Columbia University IRB approval has been granted.

INFORMATION DISSEMINATION PLAN: Results from this study will be disseminated in site level presentations and reports to participating sites, ECDOH, other Columbia University programs, and USG/CDC.

ACTIVITIES: Planned FY 2008 activities include finalizing data collection, conducting data analysis and widely disseminating findings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13736, 13731, 13732, 13733, 13734, 13735, 16321, 16322

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13736	13736.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,387,087
13731	3319.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,523,546
13732	3320.08	6587	2797.08		Columbia University Mailman School of Public Health	$2,530,267
13733	3321.08	6587	2797.08		Columbia University Mailman School of Public Health	$436,500
13734	3318.08	6587	2797.08		Columbia University Mailman School of Public Health	$1,067,000
13735	3291.08	6587	2797.08		Columbia University Mailman School of Public Health	$7,108,000
16321	16321.08	6587	2797.08		Columbia University Mailman School of Public Health	$0
16322	16322.08	6587	2797.08		Columbia University Mailman School of Public Health	$0

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	7300.08	**Mechanism:**	N/A
Prime Partner:	Pathfinder International	**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:	15943.08	**Planned Funds:**	$250,000
Activity System ID:	15943		

Activity Narrative: This is a new activity in FY 2008.

SUMMARY:

Pathfinder/Planned Parenthood Association of South Africa (PPASA) is a new PEPFAR partner (starting in FY 2008) that will expand access to youth-friendly ARV service delivery, including diagnosis and treatment of opportunistic infections and administration and monitoring of ART. Providers will help young clients become treatment literate and young people beginning ART will be linked to youth community home-based care (CHBC) activists to provide ongoing support for adherence. The emphasis areas for these activities are human capacity development, gender and local organizational capacity development. Specific target populations include young people between the ages of 15-24 years. All activities will be implemented by PPASA and services will be made available in PPASA youth clinics in KwaZulu-Natal, Gauteng, North West, and the Eastern Cape. All activities related to this project will be initiated in FY 2008.

BACKGROUND:

This project aims to relieve the over-burdened, understaffed hospitals by (1) providing care and support services through the PPASA youth clinics, and by (2) building the capacity of more PPASA service providers to offer HIV and AIDS care and treatment services. This initiative proposes to provide expanded, comprehensive HIV and AIDS clinical care and linkages to young people at four existing Youth-Friendly Services (YFS) sites. All the sites currently provide quality YFS, including treatment of sexually transmitted infections (STIs), which will continue in this project. For youth receiving ART, youth-friendly service providers will facilitate monitoring of illness stages with CD4 counts, adherence and drug resistance. Providers will help young clients become treatment literate, and young people beginning ART will be linked to youth CHBC activists for DOTS.

ACTIVITY 1: Training of Health Care Providers on Youth-Friendly HIV and AIDS Care and Treatment

Nurses from the PPASA youth clinics will be trained in HIV and AIDS care and support including treatment of opportunistic infections and ART. To avoid creating parallel training programs, the project will form linkages with the existing Department of Health (DOH) training programs.

ACTIVITY 2: ART Service Delivery for Youth

The project will conduct a thorough HIV and AIDS clinical care needs assessment of YFS clinics with the DOH and will equip clinics to offer services as needed (for example, partitioning and equipping additional treatment rooms). Regular counseling sessions and check-ups at the youth-friendly clinic will be encouraged for all youth living with HIV and AIDS. Counseling sessions will address psychosocial issues around coping with HIV and AIDS, including the person's conception and understanding of her/his illness and stage of illness; cultural beliefs around HIV and AIDS; other services utilized by the patient (e.g., traditional medicine); the client's living situation, support systems, and financial needs; occupational and legal concerns; and stigma (both self-stigma and perceived stigma of others). Young clients will be counseled on "living positively" with HIV and AIDS. For youth receiving ART, youth-friendly service providers will facilitate monitoring of illness stages, adherence and drug resistance. Providers will help young clients become treatment literate and those beginning ART will be linked to youth CHBC activists for DOTS. Young clients living with HIV and AIDS will be encouraged to visit the YFS clinic regularly and will also be linked to support groups and encouraged to become regular members. The project will also establish linkages between youth-friendly service points and referral hospitals and laboratories, as well as other referral facilities. In addition, service provider monthly supervision meetings will be conducted to follow up the providers to ensure that youth friendly approach is being practiced and also to avoid burnout. Periodic refresh trainings will also be conducted for the providers.

Adherence support groups, where young people can exchange experiences and solutions, will be conducted at each of the four clinics. They will focus on: difficulties in taking ARVs (pills, frequency, time charts, food); difficulties in adhering to the services (tests, distance, financial resources and others); presentation and discussion of side effects of the drugs used; discussion on secondary prevention and reproductive counseling; the impact of stigma and discrimination and coping strategies; and nutrition and positive living. The project will assist these groups in building linkages with CHBC, income-generating activities (IGA), and nutrition support.

ACTIVITY 3: Addressing Gender Issues

Service providers will receive training on gender issues related to young men and women's sexuality and sexual rights so they feel comfortable when accessing HIV and AIDS services. Training will include sound gender-based communication skills valued by youth of both sexes, such as confidentiality and an open-minded approach to questions instead of making pre-conceived judgments. Additional gender differences to be addressed include: sexually active young women and/or girls living with HIV must not be stigmatized by health providers who blame them for being too young to seek services. Because of their social and biological vulnerability to STIs and HIV, young women account for more new HIV infections than young men in South Africa - and thus are proportionately in greater need of care and support services. Yet, they are often denied access due to power differentials, financial constraints, lack of education, and/or stigma. Special care will be taken to provide youth-friendly, gender-sensitive services to these young people, including counseling, partner involvement and testing and stigma reduction. Efforts will be made to ensure that the number of male and female clients seeking HIV and AIDS care and treatment services is proportionate with the number in need, based on prevalence studies and VCT service statistics for young males and females. The female community peer educators will play an important role in this case, and equal numbers of male and female the peer educators will be recruited. In addition, peer educators will be encouraged to increase their participation in public events. Pathfinder's experience in Mozambique has shown that it is useful to recruit a group of girls who were friends before and that involvement of the parents during the process of recruitment and training will increase peer education participation and retention.

ACTIVITY 4: Behavior Change Communication and Social Mobilization

The project will also train youth CHBC activists and key individuals on advocacy for the availability of ART

Activity Narrative: drugs for all PLHIV, and especially for youth. Printed materials will be adapted to increase the demand for YFS and VCT and support treatment, such as a diary for young clients to record treatment protocols, dosages and side effects, as well as clinic appointments.

These results contribute to the PEPFAR 2-7-10 goals by improving access to and quality of HIV/AIDS services and care for young people.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15942, 15940, 15941

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15942	15942.08	7300	7300.08		Pathfinder International	$250,000
15940	15940.08	7300	7300.08		Pathfinder International	$250,000
15941	15941.08	7300	7300.08		Pathfinder International	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	260	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	390	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	340	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	12	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7301.08

Mechanism: UGM

Prime Partner: Right To Care, South Africa

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: 15944.08

Planned Funds: $500,000

Activity System ID: 15944

Activity Narrative: This is a new activity in FY 2008.

SUMMARY:

Currently, the USG PEPFAR Task Force supports institutional capacity building of indigenous organizations that implement PEPFAR programs through four competitively selected Umbrella Grants Mechanisms: Pact, the Academy for Educational Development (AED), Family Health International (FHI) and Right to Care (RTC). The main purposes of these new umbrella organizations are to (1) facilitate further scale up of HIV treatment services; and (2) to develop indigenous capability, thus creating a more sustainable program. The major emphasis area is local organizational capacity development. Primary target populations are indigenous organizations, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

RTC will use PEPFAR funds to support one or more NGO treatment organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, strategic planning, and audit readiness. PEPFAR funds will support components of UGM within RTC, but the predominant focus will be on the pass through of funds to sub-grantee implementation.

BACKGROUND:

RTC currently supports 12 NGOs, and under the new UGM, additional organizations will be supported with FY 2008 funds. The following proposed activities are designed to support sub-grantee initiatives to implement the goals of PEPFAR and the South African Government's Comprehensive Plan. Over the last two years, RTC has developed an Umbrella Grants Management capacity while developing specific skill sets, competencies and capacity to support additional PEPFAR-funded organizations that will provide ARV services.

RTC will work with Sustainability Solutions Africa, a financial management company, to conduct pre-award assessments, and training in financial management and USAID regulatory compliance. RTC and the Clinical HIV Research Unit, an extension of the current RTC PEPFAR-funded program, will provide technical assistance in medical issues.

There are four main areas of activity:

ACTIVITY 1: Program Planning

Needs assessment, and program and budget planning are conducted regularly with new partners. Site visits take place alongside sub-grantee staff to evaluate capacity, human resources, facility planning, and approaches to treatment and care systematically. This evaluation helps sub-grantees meet determined targets and ensure quality of care. The experience of RTC clinicians and program staff is extended to sub-grantees to help develop proper planning and forecasting, and to facilitate organizational and program growth.

ACTIVITY 2: Finance

The RTC finance department has developed systems to assist with sub-grantees' compliance and capacity development to manage PEPFAR funds effectively. Support given to sub-grantees will include a complete range of financial management tools, such as pre-award audits, regular budget reviews, and close-out procedures. RTC currently meets with sub-grantees annually to align financial planning with programmatic planning.

Regular oversight and support is extended to all sub-grantees, and monthly financial reports are required from sub-grantees. Periodic internal audits are conducted at the sites of all sub-grantees to establish the quality of financial management and asset control, and alignment with USAID financial management policies.

The RTC finance department has developed a state of the art financial software tool, which uses Business Intelligent Tools, to monitor and track all sub-grantee transactions against budget projections for modeling and cash flow. This integrated program will allow for responsible management of budgets at all sites.

ACTIVITY 3: Monitoring, Evaluation and Reporting

RTC's monitoring, evaluation & reporting (MER) system (standards, systems, procedures and tools) is established, documented and regularly updated. The system is based on best practices and quality criteria in the programmatic areas of ARV treatment, HIV care and support, HIV/TB, counseling and testing, outreach and training.

All sub-grantees will be provided with the support, training and technical assistance necessary to meet USAID reporting requirements effectively. This includes data quality assessments (DQAs).

ACTIVITY 4: Technical Support

The Clinical HIV Research Unit will provide additional technical assistance on treatment issues to new sub-grantees. Clinicians employed by NGOs will also be able to participate in the mentorship program that will include doctor training and regular rounds at the Helen Joseph Hospital.

RTC will train NGOs on established policies and procedures that meet the requirements of the South African labor laws as well as the USAID regulations.

RCT has had extensive experience in working on a variety of infrastructure projects, and the organization has developed collective expertise in proper clinic flow and effective interior space design in care and treatment sites, as well as in TB clinics. RCT staff will be able to advise sub-grantees on any infrastructure developments.

Activity Narrative: The training department within RTC has trained healthcare professionals at all levels within the various clinics and care organizations. Training will continue with doctors, nurses, social workers and counselors, as well as with traditional healers, community members, and non-health staff members. This training will continue to support new sub-grantees in increasing their expertise and capacity.

RTC's relationship with the Department of Health will continue to grow, to ensure that the response is in line with the strategic priorities for South Africa will ensure sustainability, and hopefully the program will be transferred to the South African government on completion of PEPFAR.

RTC aims to capacitate organizations who currently have inadequate programs and management systems. Training and support will be provided to all sub-grantees so that they will be able to manage their programs independently by the end of the training period. RTC plans to provide financial reporting systems, management standard operating procedures, human resources policies and procedures, clinical guidelines, and monitoring evaluation systems that will ensure sustainability beyond RTC support.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13793, 13794, 13795, 13796, 13797

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13793	2975.08	6612	271.08		Right To Care, South Africa	$1,022,000
13794	3276.08	6612	271.08		Right To Care, South Africa	$3,395,000
13795	2972.08	6612	271.08		Right To Care, South Africa	$1,616,000
13796	2974.08	6612	271.08		Right To Care, South Africa	$1,173,000
13797	9453.08	6612	271.08		Right To Care, South Africa	$29,554,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Coverage Areas
Eastern Cape
Free State
Gauteng
Limpopo (Northern)
Mpumalanga
Northern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	192.08	**Mechanism:**	AIDS Economic Impact Surveys
Prime Partner:	Boston University	**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:	16505.08	**Planned Funds:**	$300,000
Activity System ID:	16505		

Activity Narrative: TYPE OF STUDY: Continuing.

PROJECT TITLE: Costs and Cost-Effectiveness of Adult Treatment Delivery. This evaluation is also conducted with PEPFAR support in Kenya and Zambia.

NAME OF LOCAL CO-INVESTIGATOR: Dr. Ian Sanne, Clinical HIV Research Unit, University of the Witwatersrand; Mr. Lawrence Long, Health Economics Research Office, Wits Health Consortium.

TIME AND BUDGET SUMMARY: This is the fourth year of this study. The evaluation started in FY 2006 and is expected to be completed in 2010. A total of $520,000 has been received to date.

PROJECT DESCRIPTION: Boston University (BU) and the Health Economics Research Office (HERO), will use FY 2008 funds to expand an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa. The number of sites will be increased to strengthen understanding of differences among delivery models, and an initial set of pediatric treatment sites will be analyzed. Results will be used to inform planning by the USG and South African Government and improve treatment delivery.

EVALUATION QUESTION: The evaluation question is “What is the cost per adult and pediatric patient treated and per patient in care and responding to ART 12 and 24 months after initiation under different models of treatment delivery in South Africa? Little is known about the relative costs of different ART delivery models in South Africa or the relationship between resource utilization and patient outcomes, and there is no information about the costs of pediatric treatment. Such information required to make program scale-up more efficient, estimate budgetary needs, and ensure sustainability.

PROGRAMMATIC IMPORTANCE: To achieve South Africa’s goals for treatment of AIDS, ART must be delivered in a wide range of settings and at multiple levels of the healthcare system. The characteristics of the treatment facility (setting, type, sector, size, etc.) and of the patients treated (socioeconomic level, condition at initial visit, etc.) are likely to affect the patient outcomes and costs incurred. BU was requested in FY 2005-07 to examine cost and cost-effectiveness of alternative models of treatment delivery in South Africa. The original methodology considered only the first 12 months following treatment eligibility and included relatively small sample sizes. Initial results have raised new questions requiring larger samples and longer periods of follow-up. Questions include the cost per successful outcome in years 3 and 4 following treatment eligibility; costs for subsets of patients, such as those who initiate treatment with very low CD4 counts or who switch to second-line regimens during the first year; cost-effectiveness of treatment delivery models launched after the original study sites were chosen; and costs of pediatric sites. In FY 2008, the methodology will be amended and number of study sites and sample sizes increased to address these issues and to generate more detailed information about the relationships between resource utilization (costs) and patient outcomes. The methodology will be adapted to analyze pediatric treatment delivery models.

The expected results of this activity are accurate and detailed estimates of the costs of delivering treatment and achieving successful and sustainable outcomes across a wide range of settings and types of patients. This information will assist the South African Government, PEPFAR, and other donors to estimate future resource needs, increase efficiency among providers, and target future investments toward the most cost-effective models of delivery.

PROJECT DESCRIPTION/METHODS:

Summary: BU and HERO developed the methodology used in this evaluation. The aim of the study is an estimate of the average cost to place a patient in care and response to ART 12 or 24 months after initiation at each study site. At each site, the study team selects a random sample of patients and conducts a retrospective medical record review. Unit cost estimates provided by site management are used to estimate the average cost per patient treated and average cost to produce a patient who remains in care and responds to treatment.

Data collection: The evaluation relies on retrospective data routinely collected by treatment programs to generate information about models of treatment delivery that are successfully treating the largest number of patients at the lowest cost, important characteristics of delivery systems, and whether patient medical outcomes are affected by the model and cost of treatment delivery. Data collected from medical records include all resources used by the site to treat the sampled patients during the specified study period (drugs, lab tests, outpatient visits, inpatient days, support services, infrastructure and other fixed costs) and patient status (in care or not), available laboratory test results (CD4, viral load, etc.), and clinical condition (presence or absence of any AIDS-defining conditions) at the end of the study period.

Data analysis: Each patient is assigned to one of three outcome categories: (1) in care and responding; (2) in care but not responding; and (3) no longer in care (died or lost to follow up). The specific measure of cost -effectiveness being used is "cost to retain a patient in care and responding to therapy," with “responding” defined as an undetectable viral load, incremental increase in CD4 count, and/or absence of serious clinical conditions. Both costs and outcomes are estimated at the 12-month and 24-month points following medical eligibility for treatment under South African national guidelines. The algorithm used for assigning outcome categories takes into account the varying types of information available for each patient, making the approach widely applicable to diverse treatment sites.

Sites and samples: Between 2005 and 2007, analysis was completed at approximately 10 ART sites representing various models of delivery. The models and sites represent the most promising or common approaches to large-scale treatment delivery in urban and rural areas, and in the public and private sectors. In FY 2008, approximately 5 adult and 3 pediatric treatment sites will be added to the study, and cost estimates for up to 48 months of follow up will be made. The current sample size for the study is 200 patients per site and treatment duration cohort; this will be adjusted as needed to provide information about sub-populations.

POPULATION OF INTEREST/GEOGRAPHIC AREA: The population of interest is all adult and pediatric ART patients in South Africa. The study will be national in geographic scope, with a nationally representative sample of sites selected.

Activity Narrative:

STATUS OF STUDY/PROGRESS TO DATE: The study is progressing on schedule. The protocol for the study has been approved by the ethics committees of the University of the Witwatersrand and Boston University, data collection instruments and analysis models have been developed and refined, and the study team has been trained. Analysis has been completed for five sites and is underway at the sixth; discussions with the next two proposed sites are also underway.

LESSONS LEARNED: Results from the first five study sites have shown that both costs and outcomes vary among treatment sites and delivery models, but the magnitude of the differences is generally modest. When costs and outcomes are taken into account, the differences are magnified, leading to quite different cost-effectiveness estimates. The initial results have been presented widely and a manuscript is under review for journal publication. Abstracts have been accepted and oral presentations made at the 2007 World Congress of the International Health Economics Association (IHEA) in Copenhagen; the 2007 HIV Implementers' Meeting in Kigali; and the 2006 HIV Implementers' Meeting in Durban.

INFORMATION DISSEMINATION PLAN: The results of this evaluation will be disseminated widely in South Africa and other resource-constrained countries, where information regarding treatment delivery model costs and outcomes are very limited or absent. After internal data/results verification and review, results will be presented to provincial and national Departments of Health in South Africa. Reports will posted on the BU and International AIDS Economics Association (IAEN) websites. Results will be presented at conferences in South Africa and internationally, and journal manuscripts will be submitted for publication as new findings become available. This evaluation is conducted with PEPFAR support in Kenya and Zambia, and results from South Africa will be included in a multi-country comparison of the costs, outcomes, and cost-effectiveness of treatment delivery models.

FY 2008 ACTIVITIES: In FY 2008, the methodology for analysis of pediatric sites will be developed and methodology for adult sites will be amended. Analysis will be completed for approximately five additional adult and three pediatric treatment sites, and cost estimates for up to 48 months of follow up will be made. In addition, results from South Africa will be compared to those from Zambia and Kenya.

BUDGET JUSTIFICATION FOR FY 2008 MONIES (USD):
Salaries/ fringe benefits: $203,898
Equipment: $5,230
Supplies: $1,221
Travel: $63,727
Participant Incentives: $ -
Laboratory Testing: $ -
Other: $25,924
Total: $300,000

Sixty-eight percent of funds will be used for staff salaries. Staff consists of PI/lead economist, field director, data manager, statistical analyst data collectors. Travel will include local transport for the study team and international and domestic travel for Boston- and Johannesburg-based investigators. Three laptop computers will be purchased for field data entry and analysis. Office supplies and photocopying of data collection instruments will comprise less than 1% of the budget. Other expenses including office space and communications will account for 9% of the total.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13691, 13692

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13692	2916.08	6575	192.08	AIDS Economic Impact Surveys	Boston University	$350,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4616.08
Mechanism: N/A
Prime Partner: CARE International
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: 19524.08
Planned Funds: $67,871
Activity System ID: 19524
Activity Narrative: SUMMARY:

CARE serves as an umbrella grant making mechanism for the Centers of Disease Control. CARE has been an umbrella grants mechanism since FY 2006. CARE's primary responsibility is for the financial oversight of the grant which includes review of the financial reports and on-site assessment of the supporting documentation. CARE does not provide programmatic level technical assistance to the sub-grantees. Technical assistance and programmatic over-site is provided by CDC activity managers. The specific activities that CARE is responsible are listed below. CARE will oversee the sub-grant to UKZN CAPRISA.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Contractual Responsibilities

CARE is responsible for the contractual arrangements of the sub-grants with CDC South Africa. These arrangements include application for funding for implementation of activities by the sub-grantees that have been approved by CDC South Africa to meet the PEPFAR goals. CARE will prepare all supplemental and continuation application, and ensure that progress reports are received by the sub-grantees. CDC activity managers will be responsible for the technical review of the sub-grantees; thus targets met by the sub-grantees for the PMTCT program will not be assigned to CARE.

ACTIVITY 2: Financial Oversight

CARE is responsible for the financial oversight of the sub-grants. This activity includes the review of financial reports submitted by the grantees on quarterly/6-monthly basis; and on-site assessment of the supporting documents to ensure compliance with the contract. These on-site assessments will be conducted on a 6-monthly basis. CARE will also ensure progress reports are received from the sub-grantees and approved by the activity managers of CDC South Africa on a quarterly/6-monthly basis prior to the disbursement of continuation funding.

Although these activities do not directly contribute to the overall PEPFAR goals and objectives, the Umbrella Grants Mechanism ensure that PEPFAR support can be given to small and medium-sized organizations, enabling them to facilitate the achievement of the PEPFAR 2-7-10 goals.

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

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8683.08
Mechanism: N/A
Prime Partner: South African Business Coalition on HIV and AIDS
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: 19525.08
Planned Funds: $395,000
Activity System ID: 19525

Activity Narrative: The Vendor Chain and BizAIDS components of the existing SABCOHA program will begin a CT component that will identify HIV-positive individuals. Through its counseling and testing program, SABCOHA will work with the existing infrastructure, and ensure that newly identified HIV-positive individuals will take advantage of the holistic education, testing, and treatment program for the employed sector.

Once an HIV-positive individual has been identified, it is the aim of the Vendor chain program to ensure adequate transition to care. Most of the HIV-positive individuals will be referred to one of the 440 established South African Department of Health (DoH) comprehensive care management and treatment sites as well as any other sites identified throughout the country. It is critical however that adequate referral is undertaken. To enable the referral, a specific referral path to a treatment site, adequate and close to the testing site is identified before testing. Patients tested HIV-positive are referred with the DoH or any other identified site's accepted referral information. In additional the CD4 count performed at the time of testing is referred to the treatment site. By referring most patients to government sites this program will leverage the available funding, infrastructure, personnel, ART and laboratory testing from Government. SABCOHA estimates that it will provide Pre-HAART services to approximately 2,100 people in the first year.

For SABCOHA-identified HIV-positive individuals who do not live or work near one of the established DOH sites, SABCOHA will establish a network of private general practitioners who can provide treatment, care and support services to the employed population with no access to health care insurance. SABCOHA estimates that (in the first year) of this initiative approximately 190 patients will use the general practitioner network.

ACTIVITIES AND EXPECTED RESULTS:

Activity1: Expansion of treatment services
SABCOHA will use FY 2008 PEPFAR funds to accelerate the implementation of the national rollout plan at government sites in partnership with the National Department of Health (NDOH).

All of the HIV-positive patients will be maintained through a model that enables primary healthcare providers to communicate directly with HIV experts.

SABCOHA will ensure that each ART patient at a SABCOHA supported facilities receives a minimum package of ART services, including clinical and pathology monitoring, and adherence counseling. There will be follow-up of all defaulting patients. Adherence activities will include a focus on reducing stigma and encouraging disclosure in order to enhance drug compliance and to improve patient retention.

Providing comprehensive treatment services in a workplace setting will contribute to the PEPFAR 2-7-10 goals. These activities will also support the care and treatment objectives laid out in the USG Five-Year Plan for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	900	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	750	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8711.08 **Mechanism:** N/A

Prime Partner: Tshepang Trust **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: 19526.08

Planned Funds: $986,000

Activity System ID: 19526

Activity Narrative: INTEGRATED ACTIVITY FLAG:

SUMMARY:

This activity is on services rended in order to make the provision and access to ARVS possible for the 1,000 individuals targeted for FY 2007. This activity includes doctor consultations for existing and new patients on ARVs, patient on a wellness program and laboratory services.

This activity is a follow-on to the partnership with the American Center for International Labor Solidarity. With FY 2007 PEPFAR funding, the USG issued an Annual Program Statement to solicit partners to provide comprehensive prevention, care and treatment services in a workplace setting. Tshepang Trust was selected as one of the partners to continue implementing HIV and AIDS workplace intervention. Treatment will continue to be provided to workers and their dependents living with HIV in selected small to medium enterprises (SMEs) in the health and education sector. Care and support for HIV-infected workers will be provided through wellness programs in workplaces and through referrals to community-based organizations.

BACKGROUND:

Whilst business has become somewhat more responsive to the needs of its employees to encourage testing for early detection and treatment of its employees to encourage testing for early detection and treatment of its employees in larger corporations, the reality is that there are still very low levels of counseling and testing in the workplace. Employees still do not trust that by enrolling in workplace HIV programs, they will not be discriminated against. The situation is worse in the small medium enterprises (SMEs) because unlike big corporations, SMEs are failing to follow the lead of their counterparts in providing counseling and testing services to their work force. As a result, SMEs need assistance in providing and developing a workplace response to HIV and AIDS.

The Tshepang Trust (also known as Tshepang) is the South African Medical Association (SAMA)'s HIV/AIDS program initiated to bridge the gap in medical resources using private general practitioners (GPs) in the public private partnership model in order to assist the South African government fight against HIV/AIDS. SAMA has more than 5000 private medical practitioners in the private practice trained in HIV clinical management. Tshepang has been in existence since June 2003 and is a registered local non governmental organization (ngo) operating as a trust under Section 21 of the South African Companies Act. This is a workplace program targeting small medium enterprises (SMEs) employees, their partners and dependents using general practitioners and their consulting rooms as sites. For this initiative Tshepang trust is in the process of forming collaborative relationships with two South African corporate companies to establish a HIV and AIDS workplace program. In addition to this initiative, Tshepang will work with the healthcare sector, targeting personnel in hospitals and clinics within the Gauteng area. Tshepang Trust currently has strong evidence of leadership support from the South African Government through a public private partnership with the Gauteng provincial department of health to enhance the scale up of HIV counseling and testing (CT) and treatment in Gauteng's ARV sites. Tshepang currently serves under serviced rural areas in South Africa utilizing general practitioners who are located mostly in rural areas. Using this model, Tshepang has developed a public-private partnership between SMEs where employees and their dependents can access private GPs in areas close to where they are employed without fear of discrimination of being absent from work. In addition all of the general practitioners are within reach of the targeted audiences and are local and indigenous and therefore able to relate to the target population according to their culture and in local languages. The geographical coverage area for this project is KwaZulu-Natal, Mpumalanga, and Eastern Cape Province. The emphasis area for this workplace activity is development of networks, linkages, referral systems. The target population for this initiative is men and women of reproductive age working in SMEs, their partners and dependents. This includes factory workers, teachers working in the education sector and healthcare workers working in the public healthcare sector. The emphasis areas for this activity will be information, education, communication and development of network/linkages/referral systems.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: GP Network Model

Through a public-private partnership among workplaces, NGOs and government, participating workplace programs will employ the services of doctors to provide antiretroviral therapy (ART) to workers who qualify for treatment. The doctors will continue with refresher course training in HIV and AIDS clinical management and will have experience in drug purchasing, ART and PMTCT treatment and surveillance. The doctors will perform a clinical examination and staging, including taking blood for CD4 testing of patients. A viral load test will be done before the start of treatment. The treatment services will utilize South African Department of Health standards and guidelines. All patients will receive their drugs from the doctors' rooms. The Tshepang Trust will through its contracted dispensing and delivery service provider ensure that the delivery system keeps stock of and is able to deliver antiretroviral therapy medications to any physical address. Special care will be taken to ensure that patient confidentiality is not compromised.

By providing comprehensive ARV services, including patient eligibility testing and drug procurement, workplace HIV prevention programs will provide HIV-infected workers in small and medium enterprises in the health and education sector with care and treatment.

ACTIVITY 2: Treatment advocacy campaign

FY 2007 funding will be utilised to provide treatment literacy materials and information on treatment services available in the respective targeted areas. This may include links for patients to a toll free support line. Information on how to access testing and treatment services will be disseminated through SMEs, hospitals and the teachers' and healthcare workers' unions.

ACTIVITY 3: Providing ART services

Workers who are HIV-infected and require ART will be able to access these services through the Tshepang

Activity Narrative: Trust. All workers will receive a unique identifier which will be used for tracking and monitoring the treatment services and protect the identity of the patient. The Tshepang Trust contracted GPs will provide the range of ART initiation services, including all relevant laboratory testing, and adherence counseling. The identified treatment partners will use South African Government treatment guidelines and protocols. About 150 individuals who are not working from the Orange Farm community will be included as part of the 500 existing patients on treatment.

ACTIVITY 4: Monitoring and reporting

The treatment partner will track all relevant patient data for monitoring and reporting purposes.

Providing comprehensive treatment services in a workplace setting will contribute to the PEPFAR 2-7-10 goals. These activities will also support the care and treatment objectives laid out in the USG Five-Year Plan for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	300	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,050	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Northern Cape
North-West

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	7861.08	**Mechanism:**	N/A
Prime Partner:	South Africa National Defense Force, Military Health Service	**USG Agency:**	HHS/National Institutes of Health
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	17720.08	**Planned Funds:**	$2,000,000
Activity System ID:	17720		

Activity Narrative: SUMMARY:

This activity will continue antiretroviral therapy (ART) for approximately 1200 South African National Defense Force (SANDF) personnel and family members that were previously receiving ART via a collaborative clinical trial with SANDF, HHS/NIH/NIAID, and US DoD. The Phidisa clinical trial with approximately 1325 participants on therapy was initiated in 2004 and will be terminated in early 2008. PEPFAR funding will ensure continued ARV therapy for these individuals as they are transitioned from the clinical trial to HIV treatment and care still provided through Phidisa clinics and service delivery professionals. There will also be continued accruement of patients on ART. These patients will be on ART regimens consistent with the national guidelines, with research collection. A priority for the South African Military Health Service (SAMHS) is maintaining the human capacity that has been developed, and the ARV services logistics established in the six clinical trial/patient management sites. The existing staff and mechanism for ARV services support that have been built into these 6 SAMHS clinical sites will be retained with anticipated accommodation into the SAMHS ART program as it gains capacity in two or three years. Therefore, the major emphasis of this activity is responding to SAMHS to support the recruitment, training and provision of human resources, including the physicians, nurses, and pharmacists. Minor areas are commodity procurement (ARVs) and quality assurance. The main targets for the ARV treatment intervention are SANDF personnel, their spouses and family members who are living with HIV.

BACKGROUND:

Project Phidisa initiated Protocol II, a randomized clinical trial, in January 2004 at the request of SANDF with the support of the US Ambassador to South Africa and the US DoD. In addition to answering scientific questions important to South Africa, including a comparison on efficacy and toxicity of South African Government ART regimens, this protocol also helped SAMHS provide access to ARVs for SANDF personnel and their family members. Through Phidisa and implementation of this protocol capacity to deliver ART has been developed in all three military hospitals and at three rural military sick bays. Approximately 1800 SANDF personnel and their family members have been randomized to one of four ART regimens over the past four years. Civilian South African health care personnel, including physicians, nurses, pharmacists, and clinical administrative support personnel have been recruited, trained, and retained to augment a core of SAMHS military health care personnel. The clinical trial sites and staff were the only ART capacity within the SAMHS through 2005 and were critical to SAMHS being able to expand ARV care with PEPFAR support over the last two years. Building on Phidisa's foundation, the SAMHS ARV roll out has generated additional intrinsic capacity, which now includes different clinical sites. Due to unanticipated slower endpoint accrual, NIH/NIAID, SANDF, and US DoD came to an agreement to terminate the trial and to mine existing data for scientific results. A very high priority for SAMHS is to maintain HIV care and treatment for Phidisa-recruited participants, and to maintain the infrastructure and human resources that have been developed. Medical staff recruitment can be particularly challenging for the SANDF, with additional screenings and delays due to military policies. These shortages have been overcome with employment by civilians through an indigenous NGO, Charisma, which has been able to comply with SANDF screenings and policies. ARV clinics have been successfully manned, with integration of the Charisma staff with the SAMHS clinical personnel. These six clinical sites will remain a training site for the SAMHS ARV-rollout clinical staff.

Additionally, since 2004, Lancet Laboratory has provided laboratory support and performed virological, immunological, serological, and safety laboratory tests and procedures under the certification by South African National Accreditation System (SANAS).

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Retention of clinical staff and capacity at the six ART sites

PEPFAR funds will support five physicians, 7 full time and 1 part-time pharmacists, nine nurses, and a part time laboratory technician. Recruitment of these clinical personnel has been done in close coordination with the SAMHS in order to appropriately hire staff in accordance with the South African military guidelines so that these individuals can be transitioned into SAMHS uniformed or SAMHS civilian personnel. This process, has complicated the hiring process for Charisma, and it is acknowledged that the transition to South African military support is lengthy (1 - 2 years), however directly addresses building indigenous SAMHS HIV treatment and care capacity. PEPFAR funds will support periodic training of staff in clinical management and quality assurance.

Activity 2: Patient Care

Patients will be prescribed drugs according to South African Government guidelines. Regular scheduled follow-up is crucial for patients receiving ART, in order to assess responses to treatment as well as to detect side effects. Procurement of laboratory support for ART management will be provided through Lancet, through Science Applications International Corporation (SAIC). Assessment of responses to ART will include measurement of immunologic status (CD4+ count) and virologic response (viral load), every six months or with treatment failure. This information is critical to detect treatment success or failure. In the cases where patients' CD4 count has risen to > 200 cells/mm3 for more than three months, prophylaxis against Pneumocystis jerovici pneumonia can be discontinued.

Lancet also performs courier services for all clinical samples from the six SAMHS sites, also has carried out all laboratory data reporting, arranged courier service for all clinical samples from all six sites, and maintained a sample, certified, repository, besides has historical database of all results.

These activities will contribute to the number of persons receiving treatment and care in the military, and support the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17721

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17721	17721.08	7861	7861.08		South Africa National Defense Force, Military Health Service	$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	600	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,400	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,280	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Western Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	9228.08	**Mechanism:**	N/A
Prime Partner:	South African Institute of Health Care Managers	**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:	21170.08	**Planned Funds:**	$640,316
Activity System ID:	21170		

Activity Narrative: BACKGROUND

The overall project goal of the project is to increase access and availability of safe and effective treatment of HIV and AIDS in the uninsured population (disadvantaged communities) of South Africa. The strategy to achieve this goal focuses on Human Capacity Development through activities that are designed to strengthen the AIDS leadership and HR management at the district (delivery) level to deal with all aspects of improved AIDS service delivery.

To date efforts to develop AIDS management and leadership in South Africa has focused on providing training which is an obvious first step to developing managerial competencies however not all managers are able to attend such training while others often are not aware of the fact that they do not have the required skills to effectively undertake their managerial tasks. This is understandable given that there has never been a culture of requiring management qualifications from health care managers in South Africa leading in effect to a system of amateur managers. The default health care manager in South Africa is a health care professional who has migrated into management (95% of AIDS managers surveyed in the University of Pretoria study referred to earlier met this profile).

This project is designed to supplement existing management training efforts, by various role players including PEPFAR partners that focus on providing management qualifications, and to create an alternative management development method that will develop management competencies of managers who cannot enroll for formal academic qualifications. This project will also establish, at the district level continues professional development structures that will serve all managers from the district be they from government or civil society with or with out management qualifications.

The project will engage in the following specific activities:

• Provide professional support services to qualified AIDS managers: the project will on an annual basis enroll 500 managers at a district level form both the public sector and civil society who have formal management qualification, and therefore qualify as SAIHCM members as members for a one year period. This will introduce them to a series of services customized to support the professional development of health care managers. These include: 1) a monthly health management journal; 2) access to the SAIHCM mentorship program; 3) an annual management conference and 4) regular newsletters via e-mail on health management issues and ethical issues 5) the annual top 25 health care leaders award (see annexure B for examples of these products). As part of this component, SAIHCM will do a survey to build a database of qualified health care managers in the country. It is anticipated that once managers have experienced the benefits of these services they or their employer will take over the payment of membership fees in the following years.

• Assess the training and development needs of AIDS managers: On annual basis to engage 500 managers who have not received formal management training and managers who received such training a long time ago in fifty Development Centre Events (DCE). This is an internally focused activity where the individual manager takes stock of his / her own learning styles, preferences, strengths, weaknesses and development needs. These events are a sophisticated means of identifying and developing competencies which individuals and teams require taking on new roles effectively. It provides an in-depth picture of an individual by gathering data form many sources during a three-day intensive event conducted by a skilled facilitator. The end result is that the management development needs of each participating health care managers is identified and converted in a personal development strategy that will include enrolling in formal courses, self study, selected reading and participating in peer learning events called Action Learning Sets (ALS).

• Establish in each district a forum for leadership development for AIDS managers. To establish 50 Action Learning Sets per annum at the level of the health district. These are structured facilitated learning events, taking place every two months, that managers attend. These sessions, of one-day duration, entail a continuous process of learning and reflection with the intention of collectively developing solutions to tangible problems. Learning is centered on the need to find solutions to a real problems faced by the managers in implementing AIDS projects. Learning is voluntary and learner driven, while individual development is as important as finding the solution to the problem. Action Learning is an approach to management development pioneered by Reg Revans . It is based on his premise that “there can be no learning without action and no sober and deliberate action without learning. Revans described learning as having two elements: namely traditional instruction and critical reflection or questioning insight. He maintained that learning equals programmed learning plus questioning insights. The Action Learning Set (ALS) is designed to support predominantly the critical reflection component of learning. ALS’s are learning group comprising 10-20 members including a facilitator. The set will meet one day every 6-8 weeks. Attendance and commitment creates a culture of mutual support and challenge. Groups normally have a facilitator whose main responsibility is helping the group create a culture that is supportive and challenging. SAIHCM will further provide ALS members with access to a mentor, who will be an AIDS manager that has a formal management qualification and who has received a complimentary SAIHCM membership on the basis of their willingness to fulfill this role. The supervision by a SAIHCM facilitator will only be required for the first six-month period. Once the ALS structures have been established they continue under an elected group leader as forums for continuous professional development, peer support, mechanism to improve morale and forums where collaboration between managers from both the public and the private sector can be promoted. SAIHCM will continuously monitor that the ALS remain active and actively support group leaders to ensure continuation. SAIHCM will on a two monthly basis interact with group leaders via a dedicated web based discussion forum and newsletter. The purpose of this interaction is to provide group leaders with subject matter for the bi-monthly meetings and share the hot topics for discussion identified by other districts. Annually group leaders will convene at the SAIHCM Conference. Articles produced by or relevant to the ALS’s will be published in the SAIHCM Journal to further share lessons learned with the broader health management community.

Implementation of this project will rely on developing partnerships with various role players at the district level involved in AIDS service delivery and capacity development.

• Training institutions: SAIHCM already has a close working relationship with the FPD a private institution of higher education, and a PEPFAR training partner. In this context SAIHCM provides alumni of PFD management training programs access to SAIHCM membership benefits. This relationship will be leveraged

Activity Narrative: to create a conduit to channel managers into sponsored formal clinical and managerial training courses offered by FPD. SAIHCM will also actively engage other PEPFAR partners who offer training, using the PEPFAR training catalogue with the same objective. Any AIDS manager who is a graduate from a formal training program such as those offered by FPD, will also be invited to attend the ALS's as a channel for them to engage in life-long learning.

• PEPFAR Partners and Civil Society AIDS Service organizations: SAIHCM will also at the district level engage PEPFAR partners and other AIDS service organizations form civil society to invite their managers to participate in the project. An added benefit of involving civil society leaders and managers is that it will create a forum where the district level leaders from both the public and the private sector will interact leading hopefully to increased public-private-partnerships.

• Provincial Government: SAIHCM will work in partnerships with the Human Resources Departments of the Provincial Departments of Health in the all provinces to develop the capacity of AIDS managers at the district level based on the outcomes of the DCE's and ALS's. The District Health Services competency framework, described below, will be used to assess managers during DCE's is one that was introduced in the pilot phase with full support of Provincial and National Health Department management. The Health Systems Framework will guide the project. All interventions will be aligned developing the competencies to implement this framework.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment	N/A	True
Indirect number of individuals receiving treatment at ART sites	N/A	True
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1,000	False

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9633.08

Mechanism: N/A

Prime Partner: Institute for Youth Development

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: 22322.08

Planned Funds: $100,000

Activity System ID: 22322

Activity Narrative: Summary:
The Institute for Youth Development South Africa (IYDSA) is a new PEPFAR partner selected for funding in August 2008 (but not yet funded – the CDC is currently processing the paperwork to award a cooperative agreement). However, IYDSA is a current sub-partner under the Track 1 Catholic Relief Services (CRS) program. In FY 2009 the Track 1 CRS program will transition, and IYDSA will become one of three local implementing partners that will have CRS funds and responsibilities transferred to it.

Background:
IYDSA is an indigenous South African organization providing care, treatment and support to people living with HIV in the Eastern Cape Province (EC). Within IYDSA, the care and treatment program is called Zisa Uncedo, which means 'bring help'. Reducing HIV infection and AIDS morbidity and mortality is the purpose of this program.

The IYDSA hub-and-spoke model includes main ART sites, extensions and satellite sites to ensure equitable access for the poor with minimum cost to themselves. This is achieved through a strategy that mobilizes clinical staff from major treatment sites to remote sites through an extensive outreach program.

There are three main treatment sites where all HIV care and ART are provided with a full staff complement (Doctor, Social Worker, Nurses, Pharmacist, and Dietician). IYDSA has established three extensions that are linked to an ART site. Remote satellites are located where there is a large concentration of enrolled patients. Here VCT is provided, with referral back to treatment and extension sites for ART initiation. The remote satellites are key to enabling 'access for all'

Initiation and preparation for effective treatment is a crucial first step, the better the preparation, the better the outcome. IYDSA strives to ensure that the treatment centers where people are initiated on ARV treatment has all the necessary skills to ensure patients are properly prepared before being initiated on HAART.

Once the patient is consistently taking their treatment and they have been stabilized, the best long-term solution is for them to collect their treatment close to where they live, at the same time receiving localized monitoring and support. It is with this as a philosophy that IYDSA works towards creating 'access for all' in the Eastern Cape.

Activities:
1) Provide access for all: Through the use of a this model IYDSA seeks to provide services at as many sites as possible to ensure access to treatment with minimum cost. The maximized use of resources, spreading scarce skills through a mobile staff strategy is cost and time efficient, supplemented by a high level of training for the primary health care (PHC) staff, who remain in the community.

2) Provide comprehensive HIV medical care to 18,384 HIV positive adults and children, and initiate and maintain 6,128 people on antiretroviral treatment: Zisa Uncedo will build on current treatment activities of IYDSA in South Africa, using the extensive capacity and current network of sites to rapidly scale up treatment numbers. Zisa Uncedo will include assessing site needs and readiness, capacity building of medical professionals and developing continuum of care mechanisms. This will establish community-based linkages and systems to support the continuity of care from the health facilities to the households.

3) Build Local capacity, enhancing sustainability: The resultant training of professionals located in rural areas increases the professional skills within these areas which may be accessed by people from these communities.

4) Enable people living with HIV and AIDS to lead healthy and productive lives: Ultimately care without an enabling environment increases dependence. Healthy productive lives are the result of empowering the individual. This is practiced throughout the program.

There are a number of organizations that IYDSA partners with, these include Government departments at various levels, local NGOs and faith-based organizations, as well as contracted service providers. The primary partners are 'The Pill Box', providing a complete Pharmaceutical Solution, and 'PEZ' who is responsible for all administration, development and maintenance of the Adherence Monitors component of the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	4105.08	**Mechanism:**	SACBC
Prime Partner:	South African Catholic Bishops Conference AIDS Office	**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:	22312.08	**Planned Funds:**	$100,000
Activity System ID:	22312		

Activity Narrative: SACBC is currently a sub-partner under the Track 1 Catholic Relief Services (CRS) program. However, in FY 2009 the Track 1 CRS program will transition, and SACBC will become one of three local implementing partners that will have CRS funds and responsibilities transferred to it, and thus current funding levels will increase in FY 2009. These will be adjusted through reprogramming in FY 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

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

Total Planned Funding for Program Area: $12,877,750

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

Program Area Context:

In 2001 South Africa restructured its public sector medical laboratory services and created the National Health Laboratory System (NHLS), which is a parastatal organization. The NHLS is accountable to the National Department of Health (NDOH) through its Executive Board and is responsible for public sector laboratory service delivery. The NHLS also governs activities and provides funding to the National Institute of Communicable Diseases (NICD) to provide surveillance, research and programmatic operations, as well as funding to the National Institute of Occupational Health (NIOH) for policy development activities related to occupational health. The public service delivery arm of NHLS is comprised of approximately 260 laboratories, which include all provincial diagnostic pathology labs, tertiary level, secondary, and primary laboratories in all 9 provinces and their associated district hospital laboratories. Each district laboratory supports a network of local clinics where primary care services are provided.

In previous years PEPFAR has had limited collaboration with the NHLS and other private laboratory organizations. Instead, there has been considerable reliance on the NICD to carry out a majority of laboratory activities in the COP. Recognizing this shortcoming, significant measures have been proposed in the current COP to strengthen and advance collaboration with the NHLS in partnership with NICD. PEPFAR funds will be used to address gaps identified by the NDOH, NHLS, NIOH, and NICD to address laboratory-specific unmet needs and policy or administrative issues that impede full implementation of public laboratory programs in support of the National antiretroviral treatment (ART) rollout and the National TB Strategic Plan. Consistent with the priorities identified by the NDOH, and implemented by the NICD and NHLS, PEPFAR will continue to provide funding to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing and TB diagnostic capacity, and to build long-term sustainability of quality laboratory systems in South Africa. In addition, PEPFAR funds will be used to fund Toga Integrated HIV Solutions (Toga), a new PEPFAR partner that aims to establish a network of HIV monitoring laboratories and associated service access tools to resource constrained ART settings.

Toga is a private molecular diagnostics laboratory situated on the outskirts of Johannesburg. Toga provides molecular diagnostic support for AMPATH (National Pathology Support Services), and as such has become an integral part of the suite of pathology

services offered by that organization. Toga is a cohesive team consisting of clinical virologists, scientists, and technologists who have accumulated considerable experience in the field of molecular biology. Toga is a valuable resource that assists with laboratory and clinical management and is committed to driving access to molecular diagnostic testing for all South Africans.

With the continuing expansion of HIV and TB services within NHLS, and with significant increases in multidrug- and extensively drug-resistant TB (MDR and XDR-TB) cases within South Africa, additional support is required to strengthen HIV and TB diagnostic capacity and information management infrastructure. NHLS has responded to this need by planning to expand HIV diagnostics and treatment monitoring capabilities in all nine provinces. There are 46 CD4 laboratories in the 9 provinces within the NHLS system, but coverage within each health district is limited. There are only 13 laboratories in 5 provinces that are able to provide viral load testing, and only 8 laboratories in 5 provinces are able to provide infant PCR diagnostics. NHLS will expand services to provide at least one CD4 laboratory per health district, and ensure that viral load and infant PCR services are available in all 9 provinces. NHLS also recognizes their limited TB laboratory capacity due to high burden and inability to capture and report MDR and XTR-TB cases to NHLS and the National TB Program (NTP). There is an urgent need to provide increased access to TB culture and referral services, and to strengthen the management and reporting of MDR and XTR-TB cases, data mining activities, and surveillance analysis from the existing NHLS Data Warehouse (DISA). Finally, it is critical that data is integrated into the existing national Electronic TB Register (ETR.Net) surveillance system. The NHLS DISA system can be used to extract laboratory data from existing NHLS laboratory information systems and maybe used to import data into the ETR.net information system. The current system does require strengthening and NHLS is actively working to improve the capacity and utility associated with this system.

National policies and standards on infection control programs within laboratories are limited. The NIOH falls under the NHLS, and is given a mandate to develop policy for occupation health. PEPFAR funds will be used to promote an infection control network and to develop robust and manageable infection control policies. Collaboration with other PEPFAR partners will assist in the development of such policies and will lead to enhancement of existing infection control measures and implementation of national infection control standards for laboratory staff and other healthcare workers.

With the availability of significant technical and scientific resources within South Africa, NICD and NHLS are well placed to continue to provide regional laboratory support within Sub-Sahara Africa. Both organizations plan to expand and strengthen existing regional support mechanisms and to enhance collaboration with other PEPFAR-funded countries through the Regional Laboratory Training Center (RLTC). Expansion of services includes, but is not limited to, extending external quality assurance (EQA) programs, TB and HIV laboratory diagnostic technical support and services, regional HIV rapid testing kit evaluations, integrated TB/HIV training programs, and other HIV and TB related laboratory technical assistance.

During FY 2008 NICD will continue evaluating HIV incidence testing methodologies; using EQA to monitor PCR DNA testing of infants and of molecular testing associated with ART; providing quality assessment of HIV rapid test kits; assisting the NDOH in training the staff of nearly 4,000 VCT sites on proper HIV rapid testing procedures and quality management utilizing the WHO/CDC HIV Rapid Test training package; implementing an operational plan to scale up early HIV diagnosis in infants utilizing PCR testing of dry blood spots; assisting NICD in developing a national TB reference laboratory; and providing laboratory training for clinical laboratorians.

NICD will support important strategic information activities to help inform the decisions of policy makers and program officials regarding their HIV prevention and ART rollout programs. These activities include HIV-1 drug resistance transmission surveillance; sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected persons; microbiological etiological and antimicrobial resistance surveillance for sexually transmitted infections; provision of training for epidemiologists and laboratory workers; collection of trend data for HIV incidence; and HIV-1 drug resistance transmission surveillance. Detailed descriptions of these activities can be found in the Strategic Information section in the COP.

New collaborative NHLS and NICD activities aim to increase national coverage of HIV and TB diagnostics and treatment monitoring capabilities; ensure uniform quality assurance measures among laboratories; support activities to initiate new and strengthen existing EQA programs; strengthen laboratory reporting systems and specimen transport needs in support of rural clinics and laboratories; promote efforts to synchronize infection control activities in collaboration with the NIOH; investigate, assess, validate and implement new automated laboratory diagnostic equipment and high capacity instrumentation for high burden diagnostics and service delivery needs; and expand upon the regional support and collaboration with other PEPFAR-funded countries through the established RLTC.

Toga aims to increase national coverage of HIV diagnostics in remote rural areas by engaging local and provincial government. Toga has developed a Togatainer laboratory based on the MeTRo (Measure to Roll Out) principle as a means of rolling out treatment capacity and developing a near-real time laboratory information management system. Recognizing that laboratory services in the public sector are provided through regional centralized laboratories, with limited peripheral capacity for specialized testing (e.g. CD4 and viral load), Togatainer addresses the need for peripheral deployment of laboratory services. Toga will deploy three Togatainers capable of performing HIV and TB diagnostics, syphilis testing, and HIV disease monitoring.

Continued PEPFAR funding to NICD with combined support to NHLS, as well as Toga Integrated HIV Solutions will focus efforts to address existing gaps in laboratory testing outreach, penetration, and quality of overall services.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	72
12.2 Number of individuals trained in the provision of laboratory-related activities	619
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	5861914

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	6777.08	**Mechanism:**	N/A
Prime Partner:	National Health Laboratory Services	**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:	14328.08	**Planned Funds:**	$7,760,000
Activity System ID:	14328		

Activity Narrative: SUMMARY:

Activities will be carried out to identify and address laboratory-specific unmet needs and national policy or administrative issues that impede full implementation of laboratory programs. Activities will increase national coverage of HIV and TB diagnostics and treatment monitoring capabilities; ensure uniform quality assurance measures among laboratories; support activities to initiate new and strengthen existing External Quality Assurance (EQA) programs; strengthen laboratory reporting systems and specimen transport needs in support of rural clinics and laboratories; promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupation Health (NIOH); investigate, assess, and implement new automated laboratory diagnostic equipment and high capacity instrumentation for high burden diagnostics and service delivery needs; and to expand upon the regional support and collaboration with other PEPFAR-funded countries through the established Regional Laboratory Training Center (RLTC).

BACKGROUND:

In 2001, South Africa restructured its public sector medical laboratory services and created the National Health Laboratory System (NHLS), which is a parastatal. The NHLS is accountable to the National Department of Health (NDOH) through its Executive Board and is responsible for public sector laboratory service delivery. The NHLS also governs activities and provides funding to the National Institute of Communicable Diseases (NICD) to provide surveillance, research and programmatic operations, as well as funding to the NIOH for policy development activities related to occupational health. The service delivery arm of NHLS is comprised of approximately 260 laboratories, which include all provincial diagnostic pathology laboratories, tertiary level, secondary, and primary laboratories in all nine provinces and their associated district hospital laboratories. Each district laboratory supports a network of local clinics where primary care services are provided. These four regions encompass all laboratories throughout South Africa. Consistent with the priorities identified by the NDOH, and implemented by the NICD and NHLS, PEPFAR continues to provide funding to assure the accuracy and quality of testing services in support of rapid scale up of HIV testing, antiretroviral treatment (ART) rollout and TB diagnostic capacity, and to build long-term sustainability of quality laboratory systems in South Africa. Continued PEPFAR funding of NICD with combined support to NHLS, efforts will focus to address existing gaps in laboratory testing outreach, penetration, and quality of overall services.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: EQA Programs

Activities will support measures to strengthen existing EQA and initiating new national proficiency testing programs for ongoing review, measuring clinical performance, reporting indicators, and disseminating performance reviews for action. Activities include decreasing the administrative burden of the existing EQA programs through the development of a web-based system or possible utilization of fax/scan technologies that will be used to monitoring performance of TB and HIV testing services. The current South Africa PEPFAR laboratory indicators now include the reporting of EQA service reach and overall performance in the areas of chemistry, hematology, CD4s, viral load, and infant PCR, TB smear, culture, and DST. By automating the current EQA monitoring system, real time EQA performance can be measured to provide a more robust and responsive EQA system. Currently, HIV rapid EQA services are limited to only one non-governmental organization (NGO) in South Africa, a significant shortcoming relating to assurances of quality testing services. To help detect shortcomings in performance and to improve assurances when reporting HIV rapid test results, a robust EQA system is a necessity. The proposed national HIV rapid testing EQA program will identify and provide a mechanism to quickly remedy deficiencies. This activity is currently an integrated component of the national rollout plan for the HIV Rapid Testing Quality Assurance Program with NICD, but to have an immediate impact, EQA services must be delivered in parallel with the training package. By providing such an EQA program, an assessment of the quality of HIV rapid testing services can be measured. Also as part of an effective TB EQA program, a TB National Rechecking program is also proposed. In light of the human resource limitations in providing such a program, activities will target vigorous investigations into the use of automated TB microscopy for diagnostic rechecking. Due to the significant volumes of slides that would be necessary to effectively provide such a service, automation of this particular task is a necessity.

ACTIVTY 2: Regional Laboratory Training Center (RLTC)

In most PEPFAR-funded countries, the quality and quantity of TB and HIV laboratory work is insufficient for effective diagnosis and disease control. With the availability of significant technical and scientific resources within South Africa, NICD and NHLS are well placed to continue to provide regional laboratory support within Sub-Saharan Africa. NICD and NHLS will expand and strengthen existing regional support mechanisms and enhance further collaboration with other PEPFAR-funded countries through the RLTC. Regional support will include the expansion of laboratory services and training initiatives to other African PEPFAR focus countries. Access to the RLTC will be available to all PEPFAR focus countries by allocating funds within their respective country COPs. Expansion of services includes, but is not limited to extending EQA programs, TB and HIV laboratory diagnostic technical support and services, regional HIV rapid testing kit evaluations, integrated TB/HIV training programs, and other HIV and TB laboratory technical assistance.

ACTIVTY 3: Infection Control Policy

With the National Institute of Occupation Health (NIOH) residing within the NHLS organizational structure, and with its mandate to develop policy for occupation health, activities will be leveraged to promote an infection control network and to develop infection control policies and safety training programs in TB and HIV laboratory safety. Collaboration with PEPFAR partners will assist in the development and will lead to enhancement of existing infection control policies and implementation of national infection control standards for all health care workers. Policies will provide the framework for training activities that will target improved general knowledge of infection control practices.

ACTIVTY 4: Information Management

NHLS currently maintains a large data warehouse that is used to extract laboratory data from existing NHLS

Activity Narrative: laboratory information systems. This system requires strengthening and NHLS is actively working to improve the capacity and utility associated with this system. Current laboratory reporting mechanisms, as well as patient enrolment systems into antiretroviral and DOTs treatment programs need information technology support and information bridges need to be created that currently do not exist. Activities will continue to build upon the rollout of viable communication methods in rural areas for laboratory data and to increase data turn-around-times. The currently proposed funds would be used, in partnership and through co-funding with NHLS, for the development of modular logistical and information management support systems as a means to address the current integration issues associated with the existing surveillance and health information systems.

ACTIVITY 5: Further Automation

In light of the significant burden of HIV and TB diagnostics, and the immediate staffing needs, activities will build upon COP 2007 efforts to include assessing existing, validating, and implementing new automated laboratory diagnostic equipment and high capacity instrumentation for TB and HIV. Activities will be carried out to increase laboratory through-put for infant PCR, viral load, and TB, to meet increased demand, as well as strengthening NHLS ability to improve diagnostic, reporting and surveillance activities. FY 2008 funds will be used, in partnership and through co-funding with NHLS, for the development and rollout of automated N-acetyl-l-cysteine (NALC) decontamination instrumentation and technologies, high throughput infant PCR, as well as other possible high throughput HIV automated technologies to meet current and future demands.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13701

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13701	12243.08	6577	4616.08		CARE International	$73,510

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	N/A	True
Indirect number of individuals trained in the provision of laboratory-related activities	N/A	True
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	64	False
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
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	5,772,914	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

People Living with HIV / AIDS

Coverage Areas

Free State

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7316.08
Mechanism: CARE UGM
Prime Partner: Wits Health Consortium, NHLS
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: 16285.08
Planned Funds: $191,000
Activity System ID: 16285

Activity Narrative: SUMMARY:

The Wits Pediatric HIV Clinics (WPHC) and the National Health Laboratory Service (NHLS) will use PEPFAR funds to expand a demonstration project that was implemented with FY 2006 and FY 2007 funding. The project aims at increasing access to early HIV diagnosis for infants, and developing guidelines for rollout of the project on a national level. This project was specifically requested by the Gauteng Department of Health (DOH), with strong support from the National Department of Health (NDOH) and its Prevention of Mother-to-Child Transmission (PMTCT) Early Diagnosis Committee. Local organization capacity building, in-service training and ongoing operational research validating suitable HIV assays will be the major emphasis areas for this program, with minor emphasis given to commodity procurement, development of networks, linkages, and referral systems (especially between immunization clinics, early infant diagnosis and treatment, care and support),and logistics. The primary target population will include HIV-exposed infants (birth to five years old) and infants who are not infected, and secondary target populations include lab workers, doctors, nurses, and South African government policy makers.

BACKGROUND:

Early infant diagnosis of HIV is vital for monitoring PMTCT programs and identifying HIV-infected children to receive care. Diagnosing HIV in children is more complex than in adults because of the interference of maternal HIV antibodies during infancy and ongoing exposure to the virus during breastfeeding. To date, HIV diagnostic services for children in low resource settings have been neglected and healthcare workers are not familiar with its theory or practice. About five million people in the country are HIV-infected and it is estimated that about 500,000 of these, which include 60,000 children, are in urgent need of antiretroviral (ARV) therapy. One frequently cited reason for so few children accessing treatment is the fact that mechanisms to diagnose infants early are not in place. Although NDOH guidelines have made provisions for early diagnosis with HIV DNA PCR, in most places this has not yet replaced the previous protocol of using HIV ELISA tests at 12-months of age. In reality, infants are not followed up and either die before accessing care or only present once they are already ill with their first HIV-related illness. Lack of early diagnosis for exposed infants and the integration of PMTCT services with services providing ARV drugs have been identified as keys to improving access to care for HIV-affected children and their families, and thereby increasing the number of HIV-infected people receiving treatment.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical Assistance and Scale Up of Early Infant Diagnosis

Using FY 2008 funding, this activity aims to assess the implementation challenges and develop guidelines to scale up early infant diagnosis for infants born in PMTCT programs. Technical assistance will be provided to the provinces to help facilitate the rollout of early infant diagnosis services. The Gauteng DOH, with strong support from NDOH and its PMTCT Early Diagnosis Committee specifically requested this project. Technical assistance will be provided to improve laboratory infrastructure to conduct early infant diagnosis and scale up these services around the province. Technical assistance will be provided to establish dried blood spot testing in all HIV DNA PCR laboratories; to make monthly PCR test statistics available, e.g., to "Concerned Pediatricians" to monitor progress; to optimize current and new HIV assays used; to update diagnostic algorithms for children in an evidence-based manner; and to establish a system for feedback from clinics for central monitoring, e.g., service issues, quality control, etc.

ACTIVITY 2: Capacity Building

In FY 2008, WPHC and NHLS will continue to facilitate training of clinic healthcare workers including nurses, doctors and laboratory technicians in the area of early infant diagnosis, and training content will be updated as practice evolves. The training will ensure that HIV-exposed infants that access immunization clinics at six weeks of age are offered PCR testing. Training will help facilitate an average increase in test volumes from 3,000 to 4,500 per month.

ACTIVITY 3: Linking the Expanded Program for Immunizations (EPI) at Primary Healthcare Clinics with Early Infant Diagnosis

In FY 2008, WHPC and NHLS will continue to explore systems to ensure primary health clinics (PHC) clinics act as entry points for HIV-affected children by identifying HIV-infected children (and other family members) for comprehensive HIV medical care including referral between PHC and hospital facilities.

The NHLS early infant diagnosis demonstration project directly contributes to PEPFAR's 2-7-10 goals by increasing the number of infants accessing treatment in Gauteng, and serving as a platform for expansion of early infant diagnosis programs throughout the country. These activities support the PEPFAR Five-Year Strategy for South Africa by supporting government efforts to improve quality of and access to care and treatment for HIV-infected children.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16023

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16023	16023.08	7316	7316.08	CARE UGM	Wits Health Consortium, NHLS	$183,262

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	N/A	True
Indirect number of individuals trained in the provision of laboratory-related activities	N/A	True
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	False
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
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	54,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Coverage Areas

Gauteng

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 492.08
Mechanism: N/A
Prime Partner: National Department of Health, South Africa
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: 3038.08
Planned Funds: $0
Activity System ID: 14053

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity.

PEPFAR funds $200,000 were allocated to National Department of Health to strengthen laboratory services in the Eastern Cape Province. This activity was carried out by the Eastern Cape Regional Training Centre as part of their ARV program. This activity will however not be funded in FY08. The laboratory strengthening activities will continue under the NHLS contract.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7965

Related Activity: 14049, 14050, 14051, 14052, 14054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7965	3038.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$200,000
3038	3038.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2679	492.06		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14049	3034.08	6695	492.08		National Department of Health, South Africa	$0
14050	7961.08	9626	9626.08		Walter Sisulu University	$679,000
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
14054	3039.08	6695	492.08		National Department of Health, South Africa	$0

Targets

Target	Target Value	Not Applicable
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	N/A	True
Indirect number of individuals trained in the provision of laboratory-related activities	N/A	True
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	405	False
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	N/A	True

Indirect Targets

Coverage Areas

Eastern Cape

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 262.08
Mechanism: N/A
Prime Partner: National Institute for Communicable Diseases
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: 2959.08
Planned Funds: $2,885,750
Activity System ID: 14075

Activity Narrative: SUMMARY:

Laboratory infrastructure will be strengthened and enhanced in key areas to provide strategic information, develop policies and technologies, and improve monitoring of laboratory testing quality that will enhance access to diagnostic testing and enhance treatment. These activities will also focus on the strengthening of regional laboratory activities in Southern Africa. Other countries will be contributing their country funds to leverage services from NICD.

BACKGROUND:

As the burden of TB increases, the need for a National TB Reference Laboratory (NTBRL) becomes increasingly important. The National Health Laboratory Service (NHLS) is overburdened with routine diagnostic testing, affecting standards, and turnaround times for specimen processing. The NTBRL will play a pivotal role in improving routine TB laboratory services and drug-resistance surveillance. As HIV rapid test use increases, it is critical to ensure quality assurance and quality control (QA/QC) mechanisms and review of rapid test kits for efficacy. QA mechanisms must be equivalent to those in place in diagnostic labs. The proposed HIV rapid testing quality management system (QMS) will identify and remedy any deficiencies in CT centers. A program of technical audits will also provide accurate information regarding compliance with prescribed practice. There are also quality concerns with routine use of nucleic acid testing including assay sensitivity and specificity, contamination, clinical significance, variable isolation/amplification procedures, lack of robustness and standardization, lack of appropriate control material and regulations and policies. The activity is integrated as part of the program to increase access to CD4, viral load, and PCR testing. The development of improved practical methods for early infant HIV diagnosis is important for effective prevention of mother-to-child transmission (PMTCT) interventions and for improved clinical management of HIV-exposed infants. Expanded scientific and financial management is required given the expanded activities with and the increasing required reporting.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1:

The National Department of Health (NDOH) is represented on the NHLS board to provide strategic direction in endeavors of the NTBRL. On an operational level there is frequent contact between the National Tuberculosis Control Programme (NTCP) as well as the provincial departments. The NTBRL is always formally represented at quarterly NTP meetings, and meet frequently on an informal basis. The NTCP is represented at NTBRL meetings and provide direct input into data requirements for reporting and surveillance purposes. A national drug resistance surveillance (DRS) survey is currently planned for South Africa; this will be directly funded by the NTP.

The NTBRL will be integrated with NHLS service provision. Construction of a new laboratory began in 2007 for completion in early 2008 (not CDC funded). The NTBRL will (a) develop a quality assurance program for TB laboratories, including proficiency testing (PT) and a nationwide re-screening program as part of the NTCP; (b) characterize the mechanisms of drug resistance found in South African isolates; and (c) conduct laboratory investigations of drug-resistant outbreaks using molecular methods. The NTBRL will enhance the South African government's ability to respond to the growing TB epidemic among the HIV-infected by quality assuring routine testing to ensure that TB and MDR-TB cases are properly identified. This will also ensure that high quality surveillance systems are in place. The NTBRL will work with the Medical Research Council, WHO, CDC and other partners to implement rapid drug-resistance surveys to help characterize the extent of drug-resistance including XDR-TB.

ACTIVITY 2:

NICD will continue to evaluate the performance of rapid test kits and testing algorithms in the field and in the laboratory. In Phase 1, individual rapid test kits - and combinations of kits - are evaluated for sensitivity, specificity, positive predictive value and negative predictive value. Phase 2 assesses the field performance of rapid kits to inform scale-up. In FY 2006-07, NICD evaluated 42 rapid HIV test kits, and conducted field testing of three kits. The initial field trials will focus on the performance of the NDOH's recommended list of kits (n=5) since this requires testing at least 500 tests/per site (3 sites) and duration of at least 6-8 weeks per kit. Laboratory-based assessments will include approximately 10 kits annually. Post-marketing surveillance will also be included as part of the QA procedures. In addition, an assessment and quality control program will be expanded as part of the national strategy for quality control of HIV testing. Well-characterized panels will be sent to participating labs on a quarterly basis. The approach has been successfully tested in participating labs in the national antenatal survey, in 210 NHLS labs and 60 non-NHLS sites, including non-governmental vaccine sites.

ACTIVITY 3:

A counseling and testing QMS will be further refined first defining aspects required for such a system (i.e., proficiency panels, standard operating procedures, safety, piloting ELISA testing from DBS if appropriate) and then establishing laboratory and training capacity to implement it based on the initial piloting. Expected outcomes are to train public health sector and NGO counselors that perform rapid HIV testing to implement quality management of testing. The NICD and CDC have engaged key organizations including the NDOH and NGOs in the demonstration of the WHO/CDC training curriculum. The curriculum has been revised and is ready for piloting for 2007 and rollout in 2008.

ACTIVITY 4:

An EQA program will be implemented to monitor lab performance related to the ART program, including performance of the viral load assay as well as DNA PCR (standard and DBS) important for infant diagnosis. Currently 11 laboratories perform viral load testing, 5 provide DNA testing for infants and 45 labs are equipped CD4 testing. The ART program will expand to 16 NHLS laboratories in 2008 for viral load testing and 11 NHLS laboratories for DNA testing. The CD4 testing sites will expand to 58 sites. The NICD will monitor HIV testing performance and provide training in the use of EQA/IQC in the management of quality. Parallel program EQA for CD4 will be assisted though NHLS. The NICD intends to roll out an internal quality

Activity Narrative: control (IQC) program for real time monitoring of viral loads. To help detect weak spots in performance and improve reliability and confidence when reporting results, an EQA PT and internal quality control (IQC) program (as part of the QMS) will allow comparison and benchmarking. As a consequence of any negative PT findings, appropriate education in good lab practice and method utility will be conducted. Refurbishment of existing structures will be required to house the expanded activities.

ACTIVITY 5:

NICD will provide technical support to CDC to develop expert guidance on simplified early diagnosis tools and the use of DBS PCR testing. NICD will help develop program guidance, technical support and in-country and regional evaluations to implement an operational plan to scale up HIV diagnosis in infants. Progress includes automation for an infant diagnosis program at NHLS. The NICD supports the Lesotho and Swaziland's Ministries of Health in testing infants and intends to introduce further automation to improve service delivery. Specific activities include: provide expert lab consultation and participate in a CDC-organized early diagnosis workgroup; develop simplified laboratory standard operating procedures for standardized field application in resource-poor settings; test available specimens for test validation and optimization; provide training to selected labs and PEPFAR partners; and help develop and support a plan for implementation of improved methods for early diagnosis. By scaling up access to advanced PCR-based HIV testing assays for infants born to HIV-infected women, the NICD will improve the ability of pediatricians to assess and prescribe ART to prevent or treat infection in exposed infants.

ACTIVITY 6:

The NICD will expand the grant management administration (size and scope) to ensure that the activities fulfill PEPFAR objectives and reporting requirements. The management focus will be on financial management and grant activities for both laboratory infrastructure and strategic information. The staff complement will include two additional financial assistants to assist in ensuring correct procedures, collating financial reports and reporting the required mechanisms.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7391

Related Activity: 14073, 14074, 14076

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22859	2959.22859.09	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	9807	262.09		$0
7391	2959.07	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	4398	262.07	CDC GHAI	$2,975,000
2959	2959.06	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	2648	262.06	CDC GHAI	$1,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14073	6424.08	6700	262.08		National Institute for Communicable Diseases	$582,000
14074	12473.08	6700	262.08		National Institute for Communicable Diseases	$873,000
14076	2958.08	6700	262.08		National Institute for Communicable Diseases	$3,835,438

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	N/A	True
Indirect number of individuals trained in the provision of laboratory-related activities	N/A	True
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
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	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6134.08

Mechanism: N/A

Prime Partner: Toga Laboratories

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: 12307.08

Planned Funds: $2,041,000

Activity System ID: 13842

Activity Narrative: SUMMARY:

Toga Integrated HIV Solutions (Toga) is a new PEPFAR partner, awarded funding in July 2007. The project aims to establish a network of HIV monitoring laboratories and associated services in resource-constrained antiretroviral treatment (ART) settings.

Toga will use FY 2008 funds to deploy three Togatainer laboratories. These laboratories are mobile, prefabricated structures, ideally situated near ART clinics. The index unit has been operating in Gugulethu, Cape Town since March 2004. Three units are being deployed with FY07 funding. Many lessons were learned, including the importance of having staff that can multi-task, and work with minimum supervision. Communication technology is important, particularly in rural areas, and Toga has redesigned software and equipment to allow for light data transfer. Toga has also developed special redundancy technology. Each Togatainer will serve a sub-network of referrals White Rabbit electronic requesting and reporting systems.

BACKGROUND:

In South Africa, regional centralized laboratories serve the public sector, but these have limited capacity for specialized testing (e.g. CD4 and viral load). The private sector is served by centralized laboratories in Johannesburg, Cape Town and Pretoria with Stat-labs proximal to high patient, predominantly urban settings. The Togatainer addresses the need for peripheral deployment of laboratory services, specifically HIV treatment monitoring and utilizing a unique set of robust assays.

The Togatainer concept is based on the MeTRo (Measure To Roll Out) principle as a means of rolling out treatment capacity. The core output of a laboratory is information in the form of patient results. The chronic disease nature of HIV as well as the efficiencies that are attainable when structuring information appropriately is central to Toga's contribution. Patient data and results are consolidated in the laboratory information system to allow for cumulative reporting. This information can be used to down-refer patients in a structured way, thus relieving pressure on scarce clinical capacity. The general of viral load tests on site empowers healthcare staff to make appropriate management decisions. On-site viral load tests facilitate the down-referral of patients to peripheral clinics, thus decreasing the load on central clinics. This fulfils an objective of the WHO down-referral strategy.

Sustainable strategies must be cost effective. Experience and modeling suggests that the cost of testing peripherally can be done at a rate that is at least equal to a long distance logistical service structure to a central facility. However, even a cost per unit comparison may not reflect the real programmatic costs. Statistical variance on lost specimens/results in a small remote program may appear to have insignificant impact on patient care, but as programs expand, the impact of such variance will result in increased demand on other programmatic resources (staff, drugs, logistics), and on healthcare systems. South Africa's testing capacity (public and private) is estimated at 250,000 to 350,000 patients on treatment, most of whom are catered for by central facilities. Adding capacity to central facilities is expensive, and invariably results in increased service failure during renovations. Togatainer's modular approach to capacitating ARV treatment clinics is sustainable and capable of reaching treatment demands of South Africa. Adequate laboratory support will protect current first-line regimens by minimizing unnecessary switching to more costly second-line regimens.

Local and provincial government support will be garnered prior to the implementation of each Togatainer. Toga will be responsible for the implementation of all Togatainers, though local contractors may be used to assist with infrastructure development. Sustainability is addressed by employing and training medical technologists from the communities. As medical technology is the chosen profession of many females these Togatainers are likely to enhance female careers. The provision of on-site and quality laboratory services will enhance the standard of care to for rural and peri-urban women and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Togatainers

Three Togatainers capable of performing the tests for HIV, CD4 and lymphocyte, syphilis, and HIV disease monitoring will be deployed. Deployment includes preparing the site and laboratory infrastructure, sourcing equipment, testing, calibration and implementation. The Togatainers are low maintenance environments, with a focus on preventative maintenance. A Togatainer supply system has been set up to ensure the timely replenishment of laboratory reagents and consumables.

Ongoing activities will include training and supervision, as well as structured internal and external quality assurance programs. The selection of suitable sites is ongoing and tentative at the time of this submission, as funding has only been awarded in July 2007.

Staff retention may be a challenge. Staff that work in remote rural areas are often the only person in the laboratory. In addition to the regular monitoring, the program will rotate Togatainer technologists to a Toga central laboratory for ongoing development and training. Telephonic contact will be made on a regular basis. Togatainer technologists will report weekly in writing to the Peripheral Laboratory Manager. Computer access from the central laboratory to the site allows monitoring of turn-around times, workload, output, and quality. The peripheral manager will visit sites each quarter to evaluate staff performance. Toga will award bursaries to three final-year medical technology students, offering them the opportunity to work in a training environment after completion of the academic component of their course. All Toga medical technologists will receive a five-week training at Toga's training laboratory in Johannesburg.

This training will focus on virology, clinical pathology and infectious diseases. One-on-one courses are conducted in the laboratory, with a strong focus on practical skills development. The course includes quality control, workflow management, laboratory information management, materials management, laboratory administration and reporting of key performance indicators, viral load assay and techniques, CD4 assay and techniques, chemistry testing, hematology testing and service management.

ACTIVITY 2: Laboratory Monitoring

Activity Narrative: Toga expects to conduct HIV monitoring tests for 2,000 PEPFAR- funded patients at peripheral settings, and 1,000 non-PEPFAR funded patients by the end of the first year. Additional funding will be solicited from other NGOs, private companies, and government organizations. These tests include viral load, CD4 count, full blood count, aspartate aminotransferase (AST), alanine aminotransferase (ALT), and urea & electrolytes (U&E). Provision has been made for hand-held lactate testing devices.

Toga's White Rabbit electronic requesting and reporting system functions seamlessly with laboratory operations and is not dependant on uninterrupted internet connectivity. A key advantage of this system is the reporting of patient measurement in a historically consolidated way. This software caters to specific treatment needs based on individual treatment program parameters. Secure access is a controlled feature of the software. The White Rabbit software is a significant improvement on reporting efficiency as it is updated on a near-real time basis from the laboratory information management system. Data is stored on two independent SQL servers. Data is not accessible via the internet, thus reducing the risk of fraud and data corruption. The White Rabbit software is continually enhanced to improve and broaden functionality. The software ensures unique patient identification and data integrity, which results in improved in patient management and clinic efficiency and reduced costs.

Data communication technology (GPRS data cards or wireless local area networks) will be used where possible. The White Rabbit system includes a sample tracking facility. Each specimen container is robotically pre-labelled with a unique bar code that is electronically associated with each sample collection event and unique patient identifier. Toga provides on-site training.

South African reporting requires unalterable results. Consequently, results are electronically published as pathology reports, though data is electronically consolidated to enhance the usability of information. Reports may be electronically requested as event, graphical or tabular reports. Critical values will be available on the system as they become reported, supported by telephonic notification to clinical staff. Results are electronically reported once a pathologist has signed them off.

Toga will continue to work with the South African government to address long-term sustainability. Toga will engage with other donors, specifically in the private sector, to support Togatainers. Toga will remain involved in the training and technical support of laboratories, as well as the provision of support systems. Toga will collaborate with other NGOs and donors to ensure the sustainability of peripheralized laboratories. The organization currently provides laboratory and programmatic support to private sector organizations (Anglo Platinum, Anglo Gold, Anglo Coal, Gold Fields) and PEPFAR-funded NGOs (Southern African Catholic Bishops' Conference, Right to Care, Ndlovu Medical Centre and PHRU).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12307

Related Activity: 13841

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22835	12307.22835.09	HHS/Centers for Disease Control & Prevention	Toga Laboratories	9802	6134.09		$2,172,108
12307	12307.07	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6134	6134.07		$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13841	12329.08	6630	6134.08		Toga Laboratories	$218,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	N/A	True
Indirect number of individuals trained in the provision of laboratory-related activities	N/A	True
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	False
12.2 Number of individuals trained in the provision of laboratory-related activities	14	False
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	35,000	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas
Eastern Cape
KwaZulu-Natal
Limpopo (Northern)

HVSI - Strategic Information

Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13

Total Planned Funding for Program Area: $18,678,396

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

Program Area Context:

To date, the South Africa Strategic Information (SASI) team has comprised one monitoring and evaluation (M&E) Advisor each from CDC and USAID who both serve as the SI liaisons. Contractors, such as MEASURE Evaluation, support this core team as needed. An additional M&E Advisor is seconded to the National Department of Health (NDOH). Due to the increasing size of the PEPFAR portfolio, this team is expanding to include M&E assistants both at CDC and USAID, a health management information specialist (HMIS) based at CDC but whose scope of work is designed to support all USG agencies and partners, and a surveillance officer. The follow-on partner to the MEASURE Evaluation project should be awarded by December 2007. This new partner has an overall focus on M&E capacity development and on information management, of which a key dimension involves geographical information systems and related applications. The scope also includes training and providing technical assistance (TA) for PEPFAR partners and assisting with the development of training and data quality strategies.

The SASI team leads the planning for SI activities, all of which receive final inter-agency agreement. The SI Technical Working Group (TWG) consists of members from all USG agencies, and representation from other program areas is substantial. The SI TWG forms the basis for SI planning, and is the vehicle by which an inter-agency SI strategy is routinely monitored and updated.

The team has developed a web-based Data Warehouse for PEPFAR partners to submit their plans and reports. All USG partners use the same templates and reporting guidelines. Results for OGAC reports are jointly drafted by all USG agencies. Plans to expand the Data Warehouse to include South African national survey and surveillance results and mapping capability are ongoing.

Target Setting
The SASI team takes the lead in formulating and reviewing country targets. Details of how the targets are derived are provided in an appendix. Direct targets are a sum of partner targets. The USG Activity Manager and SI Advisor review each partner's targets to ensure that they are reasonable and achievable. South Africa's targets are based on the fiscal year to allow for monitoring progress towards targets. All partners report treatment activities using a customized version of the Track 1 treatment form on a quarterly basis by site; all other partners report on a semi-annual and annual basis.

The total targets for prevention of mother-to-child transmission and TB/HIV are based on national estimates to which PEPFAR contributes. The SASI team has not yet been able to report on an estimate of OVC served as a result of indirect support at the national level even though significant support is provided. Efforts will be made to attain an estimate in future reporting since the national OVC Management Information System (MIS) has not yet been implemented. The antiretroviral treatment target is based on the PEPFAR target for South Africa, which will likely be exceeded by September 2009. The counseling and testing (CT) target is estimated from the national trend of CT uptake, and this should increase with the plan for scale-up of provider-initiated CT. The palliative care target is difficult to measure since it is not collected at the national level as defined by OGAC. South Africa is exploring the possibility of estimating the national number of people reached with care by the lab data for CD4 counts.

Results Reporting
A local contractor routinely conducts Data Quality Assessment (DQA) to build partner capacity in improving their M&E systems and to ensure that the results reported to OGAC are valid and reliable. This has resulted in marked improvements both at partner and USG levels. The USG PEPFAR Task Force also plans to contract with an external organization to conduct more site visits to measure partner performance and to assess data quality. With the significant increase in the number of prime and sub-partners in South Africa, it is a challenge to conduct site visits and effectively monitor partner performance.

M&E is a priority in the HIV&AIDS and STI Strategic Plan for South Africa, 2006-2011 (NSP) and the USG will continue to respond to these needs by providing both direct funding and targeted TA to various South African Government (SAG) departments. In collaboration with the NDOH and other key stakeholders, the USG has contributed to the development of the NSP's M&E framework. In the future, the USG will aim to increase collaboration and harmonization of M&E systems, even though the latter is a challenge. There is a District Health Information System (DHIS) but not all provinces use it and the quality of the HIV and AIDS data that are collected is not always reliable. Data are included in the UNGASS report but timeliness and reliability of data reporting remain a concern.

Several SAG departments work independently of the NDOH on HIV and AIDS issues. While the USG embraces the goal of supporting one M&E system, it is often necessary to assist in building M&E systems within the different departments, taking care to assure integration whenever possible. In collaboration with other donors, the USG has supported efforts for the development of a national orphans and vulnerable children (OVC) management information system (MIS), as well as TA for an OVC M&E framework. The rollout of a national OVC M&E system has not yet been implemented; PEPFAR will continue to support this effort in FY 2008.

The Global Fund provides targeted support in South Africa; in the recent round, this support is primarily in HIV prevention. PEPFAR and Global Fund results have a minimum overlap.

The USG supports a comprehensive and systematic approach to partner capacity building in M&E. These activities include: (1) M&E workshops that assist partners in developing M&E plans; (2) the development of a data warehouse to assist USG and partners with the collection, reporting and analysis of data; (3) the DQA initiative; and (4) the establishment of an fellowship program to place recent master's degree South African graduates with partners in need of more intensive M&E TA. Significant progress has been made toward this goal - over 100 partners (350 people) attended a five-day M&E training and 42 partners participated in a DQA, both resulting in increased capacity to report and use program data effectively. In addition, the PEPFAR fellowship program will be expanded to other PEPFAR countries.

With increasing PEPFAR funding and number of partners in South Africa, it has become challenging to allocate time and resources to evaluate partner performance and use data effectively for program planning. The USG (with input from SAG counterparts) conducted an extensive partner evaluation in 2006. A follow-up partner evaluation is planned for 2008. This process aims to critically review partners' performance, their results, and quality of services and then provide feedback to partners to improve their programs. This will also feed into the budget decisions for next year's COP.

South Africa has set aside $4,000,000 for Public Health Evaluations (PHEs) to be determined at a later stage. In the next two months, the SASI team will lead an effort to review the current PHE portfolio, opportunities to engage in multi-country studies, and information gaps in key program areas. The funds will be reprogrammed reflecting a strategic plan for PHEs.

Surveillance and Surveys
Seroprevalence and behavioral surveillance activities in the general population are primarily supported through the National Institute for Communicable Diseases and the Human Sciences Research Council (HSRC) and surveillance for most-at-risk populations through the Medical Research Council and HSRC. These organizations and the South African government drive the process, while PEPFAR provides partial support for these surveys. Johns Hopkins University, in collaboration with several other USG partners, routinely implements a national communication survey to monitor trends in behavior in relation to media exposure. Surveys and surveillance activities are described in partner COPs and in the Planned Data Collection section. The SASI team has been instrumental in assisting with the design and implementation of several studies and surveillance activities.

The USG continues to provide TA for SI, including direct personnel support at the national and provincial health departments, development of surveillance systems and training to specific programmatic units within the NDOH. All PEPFAR partners are required to report their activities to the SAG. However, since the DHIS does not capture non-public sector activities, the SAG has not developed a standardized system by which partners can report their activities. The SASI team plans to work towards improving the inclusion of PEPFAR data in SAG M&E systems.

Management Information Systems (MIS)
The USG Task Force will place more emphasis on an MIS strategy in FY 2008. PEPFAR funds support information systems at the partner level, but to date the USG has not been prescriptive about the design and implementation of those systems. Many treatment partners have developed their own systems in the absence of a national or provincial MIS. A key priority is to improve the harmonization of such systems to ensure that they communicate with other systems at the facility level and that they efficiently feed into the DHIS. An MIS specialist will soon be hired and will lead an assessment of USG-supported MIS to devise an investment strategy in MIS and work towards aligning systems within PEPFAR-supported programs. The MIS specialist will also work closely with the South African government in this effort.

With the assistance of MEASURE Evaluation, PEPFAR partners have formed a task team to develop a standard MIS for OVC. These efforts will continue in FY 2008.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	240
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2334

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 274.08

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 2981.08

Planned Funds: $50,000

Activity System ID: 13829

Activity Narrative: SUMMARY:

The Monitoring and Evaluation (M&E) plan for the South African National Defence Force (SANDF) Masibambisane program addresses all components necessary for a comprehensive M&E system for an HIV and AIDS program. One major component is the health management information system (HMIS), which was expanded during FY 2007 to encompass HIV and AIDS specific data. During FY 2008 the focus will be on enhancing the system by developing data collection tools, updating the software package to enable the efficient tracking of HIV and AIDS data, and training in M&E.

BACKGROUND:

The development of a more comprehensive M&E system for the Masibambisane program has been supported by PEPFAR since its inception in FY 2004. This plan has continued to develop over the past few years as the HIV and AIDS program continues to expand. The HMIS used by SANDF is quite robust; however, it has taken significant work to incorporate all relevant HIV and AIDS data that are required by PEPFAR, the National Department of Health and the SANDF program managers.

ACTIVITIES AND EXPECTED RESULTS:

During FY 2007 a total of 25 HIV and AIDS regional program managers were trained on M&E in order to strengthen reporting at the regional level. During FY 2008 this base of training will be enhanced in terms of quality as SANDF's Strategic Information (SI) requirements continue to expand.

Activity 1: Review development of data management system

In FY 2008 the SANDF SI team will review the ongoing development of the HIV program HMIS with the larger SANDF HMIS. Systems enhancements will be undertaken as per this review.

Activity 2: M&E and SI training

The focus of this activity is the continued SI training for SANDF staff and ensuring that all have internet and information technology access to improve reporting capability. It is important to note that internet and information technology access is extremely important in light of PEPFAR/South Africa's dependence upon a web-based reporting system for the quarterly, semi-annual, and annual reporting of results. To date SANDF has had difficulty meeting USG reporting deadlines due to connectivity constraints. Moreover, data quality is potentially compromised when results that should be reported electronically must first be manually transposed and then reported in an altered format. This SI activity will also include training of regional and unit level data collectors in data quality management and reporting. This is important because currently the extent to which SANDF data management systems are capable of aligning with the reporting requirements of PEPFAR is not consistent across data collection points, thus affecting reliability of reported results. An NGO (outside contractor) has conducted an initial consultation and is being considered as the contractor to implement a systems-wide data quality evaluation with associated training and mentoring.

Activity 3: Seroprevalence study

The partner will conduct an organizational seroprevalence study to determine an epidemiological baseline for impact measurement of the SANDF's HIV and AIDS program. The key step toward enabling a useful evaluation to occur during later years is the establishment of a robust baseline of seroprevalence within SA DOD populations. This baseline will be the main activity in this area during FY 2008.

Activity 4: Data Quality and Managerial Audits of M&E Systems

During FY 2008 a series of internal audits and site visits will be conducted in order to verify data, services, and facilities. These activities will enable the SANDF to report effectively the contribution of the Masibambisane program elements and targets that contribute to the overall PEPFAR objectives for prevention, care and treatment. Data obtained through the M&E plan as developed with the support of PEPFAR funding is utilized to determine successful program components and to identify program gaps to be addressed. The establishment of the data management system developed in FY 2006 is in the final testing stage, and gaps identified are being addressed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7442

Related Activity: 13822, 13823, 13824, 13825, 13826, 13827, 13828, 13830

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22789	2981.22789.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$48,545
7442	2981.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	$50,000
2981	2981.06	Department of Defense	South African Military Health Service	2654	274.06	Masibambisane 1	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13830	7916.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	33	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2823.08

Mechanism: University of Pretoria - MRC Unit

Prime Partner: University of Pretoria, South Africa

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: 3796.08

Planned Funds: $270,000

Activity System ID: 13863

Activity Narrative: SUMMARY:

The Child Healthcare Problem Identification Programme (ChIP) is a University of Pretoria prevention of mother-to-child transmission (PMTCT) monitoring project aimed at improving the quality of PMTCT service delivery. Using PEPFAR funds in FY 2005, FY 2006 and FY 2007, the foundations for ChIP were established. FY 2008 funding will be used to continue monitoring the impact of:
(1) properly managing HIV-infected pregnant women and their children;
(2) the intervention on perinatal and infant mortality; and
(3) cotrimoxazole prophylaxis, infant feeding choice and antiretroviral therapy on HIV-infected children.

The premise of ChIP is that through ongoing monitoring and analysis of data on child deaths, key indicators can be identified, which will provide health-care providers and policy makers with the necessary empirical basis from which to advocate for the design and implementation of improved quality of care strategies. In the long term, this approach should make a significant contribution toward reduced childhood mortality from HIV and other causes. The major emphasis of the work falls in Health Management Information Systems, with a lesser emphasis on monitoring, evaluation and reporting, as well as other strategic information (SI) activities. Target populations for the activity include infants and children, HIV-infected pregnant women, HIV -infected infants and children, policy makers, and public and private health-care workers.

BACKGROUND:

HIV infection has a major impact on fetal, infant and child mortality. The impact on fetuses is mostly indirect, resulting in pre-term delivery, growth restriction or infection; whereas, children younger than age 5 tend to die from the direct results of the HIV infection. The Perinatal Problem Identification Programme (PPIP) currently monitors perinatal mortality in South Africa. Prior to FY 2005, there was no routine collection of information on the causes of death in children, nor was there a methodology to determine the impact of PMTCT. With FY 2005 and FY 2006 PEPFAR funding, and in collaboration with the National Department of Health (NDOH), the PPIP system was updated to include fields for antiretroviral therapy (ART) during pregnancy and neonatal nevirapine administration. These updates will allow the NDOH to determine the uptake of antiretroviral treatment (ART) in children and the number of children dying from HIV-related infections, as well as provide an indirect proxy for the impact of PMTCT.

Health-care workers were trained to use the PPIP and ChIP monitoring systems. Analysis of the 2005 data from 26 sites indicated that only 65% of children who died had an HIV test and of these, 82% were exposed or infected. In addition, of the children who died, 49% did not receive appropriate cotrimoxazole prophylaxis, and only 15% of those children qualifying for ART received it. Although the purpose of ChIP is to monitor the causes of death in children, particularly as they relate to HIV, it also enables hospitals to identify preventable causes of death and identify strategies to address them. Health professionals from these sites were trained to use ChIP, and to understand how the data obtained from the program can feedback into improving the quality of health care for children. Because of this quality improvement feedback mechanism, ChIP has become a valuable tool that affects morbidity and mortality, and service delivery as a whole.

ACTIVITIES AND EXPECTED RESULTS:

Five activities will be carried out in this program area.

ACTIVITY 1: The Rollout and Training on ChIP

FY 2008 funding will be used to continue promoting, supporting, and expanding ChIP implementation across South Africa. This will include a national data sharing workshop and the development of training packages for 22 sites (12 established and 10 in-training sites). A minimum of two health professionals from each site will be trained, better ensuring sustainability. Sites will be monitored and evaluated annually to assess quality and sustainability, as well as to ensure that ChIP is used as a quality improvement mechanism. The project has established linkages with the national and provincial departments of health, and will continue to liaise with the NDOH.

ACTIVITY 2: Saving Children Report

With FY 2005, FY 2006 and FY 2007 funding, ChIP used data from the existing sites to develop three annual versions of the Saving Children Report. In FY 2008, data from established sites will be used to compile the fourth annual Saving Children Report. The target audience for the report is healthcare workers and policy makers. It is anticipated that the fourth report will be used to highlight gaps and challenges within child health service delivery, giving special attention to HIV, as well as to advocate for the implementation of recommendations aimed at improving quality of care for HIV-exposed and -infected infants and children. The reports will be disseminated at national and provincial level to ensure continued communication with the NDOH and to ensure further expansion of the project in FY 2009.

ACTIVITY 3: Strengthening Linkages

This activity focuses on strengthening the linkages between ChIP and PPIP sites to provide information on improving the quality of PMTCT service delivery. Data from the updated PPIP (which focuses on PMTCT compliance) will be analyzed and the impact of PMTCT at these sites will be assessed using ChIP data. Improved PMTCT service delivery will be achieved through feedback of this information to the department of health at facility, provincial and national levels.

FY 2008 activities will be expanded to include:

ACTIVITY 4: Setting up a ChIP Technical Task Team

During FY 2007 a ChIP Technical Task Team was established. The team is comprised of the ChIP Exco, a representative from each province, as well as one or two specialist members. The roles of the Task Teams are to provide provincial leadership (identify, train and support local sites, liaise with the Maternal, Child and Women's Health (MCWH) Unit and strengthen links with PPIP); to assist with planning of the national and provincial workshops; to contribute to the Saving Children report; and to provide general assistance to

Activity Narrative: the ChIP Exco.

ACTIVITY 5: Provincial Workshops to be Held During FY 2008

FY 2008 funding will be used to conduct provincial ChIP workshops in each of the nine provinces. Data will be presented and further training offered to strengthen sites and expand ChIP. These workshops will also provide healthcare workers with the opportunity to share quality improvement projects that were implemented as a result of the site specific and provincial data that can be abstracted from ChIP.

ChIP contributes to the PEPFAR goals by strengthening PMTCT information and monitoring systems, and ensuring a quality of care feedback mechanism aimed at improving quality of care for HIV-infected children. In addition, this project contributes to PEPFAR's 2-7-10 objectives by early identification of children born to HIV-infected mothers and linking them to appropriate treatment and care programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7434

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22713	3796.22713.09	HHS/Centers for Disease Control & Prevention	University of Pretoria, South Africa	9772	2823.09	University of Pretoria - MRC Unit	$288,359
7434	3796.07	HHS/Centers for Disease Control & Prevention	University of Pretoria, South Africa	4417	2823.07	University of Pretoria - MRC Unit	$250,000
3796	3796.06	HHS/Centers for Disease Control & Prevention	University of Pretoria, South Africa	2823	2823.06	University of Pretoria - MRC Unit	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	27	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	54	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Pregnant women

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2813.08 **Mechanism:** HSRC

Prime Partner: Human Science Research Council of South Africa

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: 3343.08

Planned Funds: $2,348,000

Activity System ID: 13972

Activity Narrative: SUMMARY:

The Human Sciences Research Council (HSRC) will use PEPFAR funding to support the South African national population-based HIV prevalence and behavioral risk survey in 2008. Data will be used to enhance national HIV and AIDS program indicators and to compare South Africa's HIV epidemic to the global pandemic. FY 2008 COP activities are expanded to include surveillance activities among most-at-risk populations (MARPs) including men who have sex with men (MSM), discordant couples, and refugees, as well as an evaluation of the impact of the national antiretroviral treatment (ART) rollout.

BACKGROUND:
The following section provides background for the listed activities.

1) The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) assigns the HSRC the task of conducting national HIV prevalence and behavioral surveys every two to five years. The results of the previous two surveys have succeeded in drawing attention to gender inequalities in the HIV epidemic in South Africa. Preparatory activities will take place in 2007 and the fieldwork will begin in early 2008. The Nelson Mandela Foundation, the Nelson Mandela Children's Fund, the Swiss Agency for Development and Cooperation, and the HSRC funded the surveys conducted in 2002 and 2005. The HSRC received support from PEPFAR and the National Institute for Communicable Diseases to conduct HIV incidence testing on dried blood spot samples (using the BED assay) in the 2005 survey. HIV incidence could be estimated for the first time in a national population-based sample of the general population. HSRC plans to seek co-funders for the 2008 survey.

HSRC is considering a couples sub-study as part of the 2008 national household survey to obtain an estimate of the prevalence, patterns, and factors associated with discordant HIV serostatus among people in established sexual partnerships. This sub-study is contingent on mobilizing adequate funding and human resources, and devising a sampling strategy that does not compromise the main survey.

2) During the 1980s, the South African HIV epidemic was largely confined to MSM and people who had received contaminated blood products. The epidemic became generalized in the early 1990s, and attention shifted away from MSM. HIV prevention programs generally do not include messages or interventions targeting MSM. The gap in knowledge about HIV in MSM and services for this group is a priority area in the NSP.

3) Information on the number and characteristics of serodiscordant couples in South Africa, and the strategies they use to prevent HIV transmission to the uninfected partner, is lacking. As people in long-term partnerships tend to have unprotected sex, and the majority of people living with HIV (PLHIV) in South Africa are unaware of their status, it is probable that a substantial portion of new HIV infections are acquired from primary (as opposed to casual) sexual partners. The uninfected partners constitute an important but neglected MARP, and current HIV prevention programs do not address the needs of discordant couples.

4) Refugees face many challenges in accessing HIV prevention treatment and care services. Specific challenges include poverty, migration, a lack of social support, language barriers, xenophobia and discrimination. Political and economic upheaval in several African countries has led to dramatic increase in the number of refugees (both legal and illegal) in recent years. Although accurate statistics are unavailable, it is believed that South Africa has one of the largest refugee populations.

5) South Africa currently has the largest number of people receiving ART, as well as the largest number of people needing ART (but not currently receiving treatment). Since the national ART rollout in 2004, the number of people receiving ART has expanded rapidly, but falls short of the goal, in part because resource constraints have not been able to keep up with demand. Task shifting of treatment provision to less specialized health workers (nurses instead of doctors), and making use of primary health-care centers rather than hospitals have been used to try to meet the demand. One of the two key goals of the NSP is to ensure that 80% of those needing ART have access to ART by 2011. To date a number of evaluations of local programs and programs of specific providers (e.g. workplace programs provided by the Anglo group of companies) have been conducted, but there has been no broad-based national evaluation of the national ART program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: 2008 HIV Prevalence Survey

HSRC will use PEPFAR funds to conduct the 2008 national population-based HIV prevalence survey in South Africa. The survey will include children, youth, and adults of all ages. The survey will include children under the age of two for the first time (UNICEF will partially fund this). A large portion of funding will be devoted to HIV antibody testing and other related tests at an accredited national laboratory. Funds will also be used to support the analysis and the publication of a report, scheduled for release on World AIDS Day. Results will be analyzed by gender, thus providing information for increasing gender equity in HIV and AIDS programs. In addition, HSRC will conduct a detailed risk assessment on a sample of youth, which will provide information on male norms and behaviors. Following the publication of the report, additional secondary analyses will be conducted including an assessment of trends using data from the 2002, 2005 and 2008 surveys. The 2008 survey will be the third survey to conduct population-based HIV surveillance combined with behavioral surveillance on a national level and this will provide new knowledge and will provide a benchmark for the M&E objectives of the NSP. In addition, qualitative methods (e.g. focus group discussions) may be used to collect in-depth information on select topics to provide a better understanding of the findings of the national household survey. Lastly, as part of the survey, HSV-2 behavioral questions and biologic markers will be obtained for seroprevalence, behavioral and demographic data on HSV-2 and HSV-2/HIV co-infection, allowing for the monitoring of trends, and for the development of the evidence base for improving HIV prevention programs and local and national guidelines and policies.

ACTIVITY 2: Surveillance of HIV and Risk Behavior Among MSM

HSRC will conduct an assessment of the prevalence of HIV and risk behavior among MSM. This activity will complement the surveillance information on the general population, and will provide strategic information

Activity Narrative: about MSM as identified in the NSP. This evaluation will be conducted in nine or ten large South African cities. MSM aged 18 years and older will be recruited by means of respondent-driven sampling (RDS). RDS is the best method of recruiting a representative (generalizable) sample of MSM because no sampling frame exists, and other methods are more prone to sampling bias. As RDS is only suitable for use in urban areas and no satisfactory method is known for recruiting MSM from rural areas, rural MSM will not be included. Participants will be tested anonymously for HIV, provided with voluntary counseling and testing and asked questions about sexual and other risk behavior using a structured questionnaire, based on the one used to collect demographic and behavioral surveillance information on youth and adults in the national household survey. Additional questions, specific to MSM will be added. Semi-structured interviews will be conducted with MSM recruited through gay organizations, including HIV-infected MSM, and key informants in order to assess the HIV prevention, treatment, care and support needs of MSM in South Africa. The results of this activity will help meet the objectives of the NSP and will be used to develop recommendations for addressing current program deficiencies and barriers to accessing services among MSM.

ACTIVITY 3: Surveillance of Discordant Couples and Assessment of HIV Prevention Strategies and Support Needs

This project aims to estimate the number of PLHIV whose primary sexual partner is HIV-negative, and to ascertain the demographic and social characteristics of discordant couples. HSRC will assess barriers and facilitators to disclosure of HIV-serostatus to one's primary partner, and strategies that discordant couples are using to prevent HIV transmission to the uninfected partner. A combination of qualitative and quantitative methods will be used, and interviews will be conducted with couples, as well as individual interviews with both HIV-infected and uninfected people. This activity will address an important gap in strategic information, as outlined above. The results will be used to raise awareness of discordant couples among the general population (including people who are unaware that they are in discordant partnerships) and among policymakers, and will inform the development of prevention programs for discordant couples.

ACTIVITY 4: Assessment of HIV and Risk Behavior Among Refugees

A small exploratory study will assess the prevalence of HIV and risk behavior among a sample of registered refugees. Refugees will be recruited using information from the UNHCR database. Methods of measuring HIV and risk behavior will be similar to those used in the national household survey. This activity may be expanded to include a larger number of refugees and illegal immigrants in subsequent years.

ACTIVITY 5: Assessment of the Impact of the National ART Roll-out

An evaluation will be conducted through a retrospective cohort study of a selection of patients from government-accredited ART sites in all provinces. Information will be collected through individual interviews with patients receiving ART and patientswho havediscontinued ART, and throughreviews of medicalrecords (includingthe records of personswho havedied).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7313

Related Activity: 13968, 13970, 13975, 13974, 13971, 15081

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23163	3343.23163.09	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	9927	2813.09	HSRC	$1,891,322
7313	3343.07	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	4375	2813.07	HSRC	$2,850,000
3343	3343.06	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	2813	2813.06	HSRC	$1,550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13968	3553.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$1,649,000
13970	3552.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$824,500
13974	13974.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$200,000
13971	8276.08	6671	2813.08	HSRC	Human Science Research Council of South Africa	$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 226.08

Mechanism: N/A

Prime Partner: Foundation for Professional 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: 6407.08

Planned Funds: $625,650

Activity System ID: 13746

Activity Narrative: SUMMARY:

The Foundation for Professional Development (FPD) program supports the expansion of access to comprehensive HIV and AIDS care by focusing on human capacity development (HCD). The project aims to develop human capacity in strategic information (SI) at AIDS service organizations by having master's degree fellows work for a six-month period on the monitoring and evaluation (M&E) systems of South African PEPFAR partners. The emphasis areas for this activity are strategic information and local organization capacity building. In FY 2008, this fellowship program has been offered to other PEPFAR countries whereby they can provide funds to support fellows who are recent graduates of South African universities but must return to their country of origin after they complete their coursework. This practicum experience with a South African PEPFAR partner will provide them with skills for future work in M&E when they return to their countries. FPD has also offered to teach other PEPFAR countries how to start a similar program in their country. This new activity aims to improve south-to-south capacity development.

BACKGROUND:

FPD is a South African private institution of higher education working exclusively in the health sector in Southern Africa. With PEPFAR funding, FPD supported treatment to thousands of people living with HIV (PLHIV) and training for thousands of healthcare providers and managers. This activity, started in FY 2006, supports the more formalized approach to human capacity development (HCD) needs in South Africa. It will be scaled up through the FPD given their ability to expand to all universities. FPD, as a nation-wide training institution, is well placed for implementation of this activity as training and other HCD activities are their core business and FPD has well-developed relationships with other academic institutions in the country. These relationships will create a conduit to recruit master's degree fellows from a variety of these institutions. FPD also provides training to various PEPFAR partners and other health service institutions. FPD will facilitate the placement of fellows with PEPFAR partners who need to strengthen their M&E capacity. With FY 2008 funding, FPD will support the expansion of access to comprehensive HIV and AIDS care by focusing on HCD. In addition to training and mentoring, this activity will close the gaps in capacity in a number of South African institutions implementing PEPFAR-funded activities. M&E expertise is lacking for many partners, who must develop systems and overall capacity to document progress toward implementation of the South African PEPFAR program. Emphasis will be placed on ensuring gender representation in the recruitment of fellows.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Human Capacity Development

The project is aimed at improving the skills of graduate students at masters degree level who have a specialization or interest in SI by partnering them with implementing PEPFAR partners or other related AIDS service organizations. The fellows who will provide M&E and SI assistance and support to these organizations will be recruited from South African universities that specialize in SI-related qualifications. Both the fellows and the organizations will be technically supported by FPD, university and USG M&E staff. In addition, an effort will be made to design projects that are of interest to the fellow, so both the organization and the fellow will benefit.

ACTIVITY 2: Local Organization Capacity Development

The project further supports the ability of such organizations to engage in SI activities by providing them with a fellow with specialized knowledge in SI related disciplines. The aim of the fellowship is not just to do reports for the organization, but also to provide technical assistance in the development and maintenance of M&E systems. It is required that the organization accepting the fellow has a full-time M&E Officer, so the systems built during the fellowship are sustainable. Funding will be utilized to appoint a dedicated project manager, pay stipends and transport costs for fellows and to allow FPD to coordinate with various universities and recipient organizations with regard to recruitment, placement and evaluation of the program. The sustainability component of this project revolves around the premise that some of the recipient organizations will recruit the fellows at the end of their placement period. It is also expected that fellows will have effected a substantial improvement in the strategic information capacity of the recipient organization during their placement and that this improvement will be maintained after their departure.

FPD will contribute to the PEPFAR 2-7-10 goals by developing the capacity of organizations to expand access to antiretroviral therapy services for adults and children, building capacity for monitoring ART service delivery.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7594

Related Activity: 13753, 13742, 13743, 13744, 13745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22962	6407.22962.09	U.S. Agency for International Development	Foundation for Professional Development	9840	226.09		$607,446
7594	6407.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		$900,000
6407	6407.06	U.S. Agency for International Development	Foundation for Professional Development	2634	226.06		$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13753	13753.08	6591	226.08		Foundation for Professional Development	$970,000
13742	7986.08	6591	226.08		Foundation for Professional Development	$950,600
13743	7987.08	6591	226.08		Foundation for Professional Development	$900,000
13744	7985.08	6591	226.08		Foundation for Professional Development	$873,000
13745	2930.08	6591	226.08		Foundation for Professional Development	$24,705,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	37	False

Indirect Targets

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	486.08	**Mechanism:**	N/A
Prime Partner:	National Department of Correctional Services, South Africa	**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:	3031.08	**Planned Funds:**	$145,500
Activity System ID:	14040		

Activity Narrative: SUMMARY:

PEPFAR funds will be used by the Department of Correctional Services (DCS) to host a National HIV and AIDS Conference in Correctional Services. The activity will focus on reviewing the progress of implementing Comprehensive HIV and AIDS Programs for offenders and members, monitoring the implementation of policies and on enhancing management involvement to strengthen the commitment and interventions. The conference will be utilized to share best practices but also to evaluate the Department's goals and objectives in line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). It is important that consultative discussions, through a conference, take place to ensure that new developments in the field of HIV and AIDS are addressed and included in the mainstreaming of HIV and AIDS programs and services at DCS. The major emphasis areas are monitoring, evaluation, and reporting, and the minor emphasis areas are other strategic information (SI) activities. The activity primarily targets DCS members, offenders, external stakeholders and other Southern African countries.

BACKGROUND:

The implementation of comprehensive HIV and AIDS programs and services has been prioritized by the DCS. To ensure that implementation is taking place at an operational level, it is imperative to involve management at all levels to discuss and outline future endeavors pertaining to HIV and AIDS programs in the regions. In FY 2005, funding was allocated to host a National Conference on HIV and AIDS in the DCS. However, due to various internal strategic challenges within the Department, it was proposed that the conference be postponed to a later date. Holding the conference during 2009 will add value towards the Department's objective to evaluate its progress with the implementation of HIV and AIDS programs and services for offenders and members.

Monitoring and evaluation are ongoing activities aimed at ascertaining levels of compliance to policies, procedures, and programs in correctional centers. The DCS has developed monitoring and evaluation tools for HIV and AIDS programs. These tools will be implemented at all levels to determine compliance to policies and procedures, the interpretation of these policies, as well as the status of the implementation of the Comprehensive HIV and AIDS programs. All management and center coordinators received training in 2005 for similar purposes and this was useful.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Hosting of a National Conference on HIV and AIDS in the Department of Correctional Services

The Department hopes to host a National Conference where best practices will be shared and the Comprehensive HIV and AIDS Program for members and offenders be reviewed in line with the objectives of the NSP. This conference will bring together internal and external stakeholders from around the country as well as from other Southern African countries.

ACTIVITY 2: Monitoring and Evaluation (M&E)

M&E will be conducted using observational visits at various levels within the DCS to monitor the progress and quality of program implementation. Regular progress reports will be submitted in terms of the South African Public Finance Management Act. These will be used to collect ongoing data which will be analyzed and fed back into the programs. Evaluation has been planned, but has not yet begun. These activities will begin once the departmental M&E framework is approved.

All activities are in support of the USG South Africa Five-Year Strategy and in line with the South African Government's policies, and contribute to PEPFAR's 2-7-10 goals by monitoring and providing data for evaluation purposes on the effective rollout of HIV programs within the DCS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7375

Related Activity: 14035, 14036, 14037, 14038, 14039

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23001	3031.23001.09	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	9860	486.09		$0
7375	3031.07	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	4396	486.07		$150,000
3031	3031.06	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	2677	486.06		$110,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14035	3029.08	6691	486.08		National Department of Correctional Services, South Africa	$436,500
14036	3030.08	6691	486.08		National Department of Correctional Services, South Africa	$135,800
14037	6544.08	6691	486.08		National Department of Correctional Services, South Africa	$388,000
14038	3032.08	6691	486.08		National Department of Correctional Services, South Africa	$630,500
14039	4526.08	6691	486.08		National Department of Correctional Services, South Africa	$203,700

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 257.08
Mechanism: N/A
Prime Partner: Medical Research Council of South Africa
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: 8044.08
Planned Funds: $1,050,000

Activity System ID: 14024

Activity Narrative: SUMMARY:

This Medical Research Council of South Africa's project focuses on improving the performance of HIV services in the public health sector. This will be achieved through a mixture of directly strengthening HIV prevention services through interventions at the clinic level such as improving prevention activities. It will also provide important new surveillance data on high-risk groups and increase the capacity of managers to use data for decision-making.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening Health Information Systems

With FY 2006 and FY 2007 funds the Medical Research Council (MRC), in collaboration with Western Cape Department of Health (WCDOH), have engaged with senior and district level managers to empower them to use data for decision making. Managers have assessed primary health care (including TB/HIV) information systems. Important changes in the way that data are collected and used have been made. Management teams now regularly analyze routine data to measure performance of programs. To date these activities have been conducted in select districts in the Western Cape province, but with FY 2008 funds this activity will expand to cover the entire province. The MRC will consolidate the lessons learnt in strengthening health information systems, and this will be used to support the expansion of a comprehensive TB/HIV program including implementing changes in responsibilities for data collection and analysis. The organization will produce a series of user-friendly guides and manuals to allow replication of the process of assessing and improving information and monitoring systems in other provinces. The MRC is currently in negotiation with the KwaZulu-Natal provincial government where a similar process of audit and quality improvement will be implemented. Technical support to other provinces in using the materials and tools will be provided on an ad hoc basis and as requested.

ACTIVITY 2: Respondent Driven Sampling (RDS) Surveys

With FY 2006 and FY 2007 funds, the MRC in collaboration with the WCDOH conducted two surveys using RDS to gather behavioral and epidemiological surveillance data. These surveys capture high-risk groups that have been missed by other surveillance methods. Specifically, these groups include men who have multiple younger female partners and women who have multiple older male sex partners. The information gathered from these surveys is used to guide the development of HIV prevention activities, especially those targeting male norms and behaviors. With FY 2008 funds, the MRC will provide training and technical support to allow the replication of RDS surveys in other parts of the country. Partner organizations that have the capacity to perform surveys in other provinces such as KwaZulu-Natal and Gauteng will be trained and supported to conduct RDS surveys and to perform the appropriate analysis. The MRC will also continue to conduct surveys in the Western Cape in particular to evaluate interventions with men and women who have multiple partners.

ACTIVITY 3: Implementation of Male Intervention the Western Cape

Following the findings of the RDS survey in 2006 that found very high levels of risky sexual behaviors among a large network of peri-urban men, the WCDOH requested the MRC to assist them in designing, managing and evaluating an intervention specifically targeting older men who have multiple younger female sexual partners. The intervention will be aimed at shifting the social norms around multiple, concurrent partners and increasing the availability and use of condoms. In the first year of the intervention the MRC will complete the design of the intervention, gain permission from the relevant authorities and stakeholders, recruit and train facilitators, and pilot the intervention. The intervention will based upon the peer opinion leader approach in peri-urban setting. The intervention will build upon the RDS methodology to recruit men who have characteristics of peer opinion and then work with them to model HIV safer attitudes and behaviors.

ACTIVITY 4: Evaluation of a Prevention with Positives Intervention

With FY 2007 funds the MRC in collaboration with WCDOH and Human Sciences Research Council has developed an intervention to reduce high-risk sexual behavior among people living with HIV (PLHIV) and in particular among those who are on antiretroviral treatment (ART). The intervention is based upon two interventions that have been previously used in the United States: Healthy Relationships, and Options for Health. The former intervention is based on small support groups of PLHIV and typically builds on existing support groups where they already exist while the latter is health-provider driven and builds upon existing opportunities created during one-on-one clinical consultations by PLHIV receiving care and treatment. The MRC will measure its effectiveness by measuring self-reported behavior changes and recording changes in incidence of sexually transmitted diseases. In the second year of the intervention the MRC will aim to reach all clinical settings that are providing ART in the Western Cape.

ACTIVITY 5: Strategic Information (SI) Activities Requested by the South African Government

The MRC will use a portion of the FY 2008 funds to conduct Strategic Information activities at the request of provincial or national Departments of Health. The MRC has a close working relationship with the South African Government and frequently receive requests for technical assistance in areas such as those described in Activities 1 and 2. These exact activities have not yet been determined but the MRC will work closely with the SAG as such opportunities for collaboration arise.

These activities described in this section are in line with the South African Government's priorities and those described in the PEPFAR South Africa Five-Year Strategy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8044

Related Activity: 14018, 15085, 14019, 14020, 14021, 14022, 14023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22927	8044.22927.09	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	9831	257.09		$995,177
8044	8044.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15085	15085.08	6686	257.08		Medical Research Council of South Africa	$500,000
14018	3550.08	6686	257.08		Medical Research Council of South Africa	$1,072,500
14019	7956.08	6686	257.08		Medical Research Council of South Africa	$1,560,819
14020	2955.08	6686	257.08		Medical Research Council of South Africa	$1,355,000
14021	3141.08	6686	257.08		Medical Research Council of South Africa	$1,746,000
14022	2954.08	6686	257.08		Medical Research Council of South Africa	$1,164,000
14023	2953.08	6686	257.08		Medical Research Council of South Africa	$2,019,540

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Western Cape

KwaZulu-Natal

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 328.08 **Mechanism:** N/A

Prime Partner: Johns Hopkins University Center for Communication Programs **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 2987.08

Activity System ID: 13958

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: $776,000

Activity Narrative: SUMMARY:

Johns Hopkins University/Center for Communication Programs (JHU/CCP) coordinates the work of 20 South African partners and provides technical assistance and capacity building in communication activities to prevent HIV, provide care and support, and increase treatment adherence and support. JHU/CCP also undertakes program evaluation that aims to ensure that all communication activities undertaken by JHU/CCP are responsive to emerging issues and the changing dynamics of the epidemic within the South African context. The National HIV and AIDS Communication Survey, carried out in early 2006, serves as a baseline for comparing overall PEPFAR and South African Government (SAG) communication goals and objectives with a follow-up survey planned for 2008.

BACKGROUND:

JHU/CCP led the undertaking of the National HIV and AIDS Communication Survey in 2006 in partnership with the National Department of Health (NDOH) through Khomanani, Soul City, Health and Development Africa (HDA) and the Centre for AIDS Research and Evaluation (CADRE). The key objectives of this survey were to develop an understanding of the overall HIV and AIDS communication environment; understand communication gaps to inform future communication interventions; and determine the reach and complementarities of national communication campaigns and their contribution to individual level responses. This survey found that 87% of all South Africans were reached with messages dedicated to HIV prevention and living with HIV and AIDS by means of television and radio programs.

In response to the identification of multiple concurrent partnerships as a risky behavior that fuels the epidemic, JHU/CCP undertook a small qualitative study that aimed to unpack the underlying reasons for multiple concurrent partnerships within a hyper-endemic scenario and the manner in which communication can be mobilized to bring about behavioral and social changes. JHU/CCP provides technical support to its partners to undertake programmatic evaluations that enable partners to align their activities to the needs of the communities so that it is responsive to behavioral risk factors and key drivers of the epidemic within communities. This ensures that programs are evidence based and continually respond to the changing nature of the epidemic.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strategic Partner Evaluations

In line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP), all project activities should be evaluated so that they are responsive to the needs of the communities that they service. JHU/CCP works with all 20 partners to evaluate their programs in consultation with evaluation experts that at the same time provides these organizations with the necessary skills and capacity to undertake their own strategic information activities as part of their ongoing project design and implementation.

In particular JHU/CCP supports the Community Health Media Trust (CHMT) to undertake an evaluation of the impact of their Treatment Literacy and Prevention Practitioners (TLPPs) in providing care and support to people living with HIV within public health clinics and the extent to which this task shifting contributes towards improved care and support for patients living with HIV and non-HIV patients as well as investigate their impact on prevention behaviors. The findings of this study will be used to engage national and provincial health authorities on the manner in TLPPs can be used to task shift from health care workers and provide optimal support to people living with HIV.

DramAidE employs young people living with HIV to act as Health Promoters on the campuses of tertiary academic institutions. The study will examine the extent to which these Health Promoters have impacted on the health and wellbeing of students and on the overall HIV policy and program being undertaken in tertiary institutions. This study will be used to advocate with tertiary institutions for the integration of Health Promoters as an integral component of their response to HIV.

ACTIVITY 2: Dissemination Workshops

HU/CCP will undertake the second National HIV and AIDS Communication Survey in follow-up to the first survey in conducted in 2006. This survey will provide in-depth information about the communication environment in South Africa as well as estimates of the separate and joint impact of various communication interventions. The results of the study will be used to measure progress on program goals and to inform future strategic planning for communication activities. In FY 2008, the main focus will be on the dissemination of the findings through a series of workshops to more than 300 key policy and decision makers throughout the country. The purpose of these workshops is to build national and local consensus on the impact of communication interventions on HIV prevention, care and support, what has been achieved through communication interventions and which program areas interventions need to be strengthened. In addition, the findings from the 2008 survey will be compared to those from the 2006 survey to assess changes in norms and behavior and the impact of various communication interventions.

Findings from the survey and discussion and processing of the findings in the dissemination workshops are, taken together, effective ways to incorporate the role of most-at-risk populations and other populations that contribute to the variation in the HIV and AIDS epidemic in South Africa. This is specifically where the tick boxes in the tables on the following pages are relevant.

This activity will assist in making communication interventions across the different program areas more effective by providing key data for decision making. This will contribute to the overall global PEPFAR goal of averting 7 million new infections.

Activity 3: Capacity Building for Strategic Information

JHU/CCP partners will work with the University of KwaZulu-Natal, Centre for Cultural and Media Studies to build the capacity of young South Africans in designing, implementing and monitoring strategic communication interventions. This program capacitates students to undertake research that examines the impact of communication interventions in relation to international standards.

Activity Narrative: A media partner (partner to be determined) will work with South African media institutions including journalists and editors to build their capacity in understanding, analyzing and reporting on HIV and AIDS strategic information to improve media reporting on the state of the epidemic in South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7531

Related Activity: 13965, 13952, 13953, 13954, 13964, 13955, 13956, 13957

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23082	2987.23082.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	9890	328.09		$1,092,268
7531	2987.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		$400,000
2987	2987.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2656	328.06		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13965	13965.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13952	2988.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$5,639,250
13953	2989.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$2,600,000
13954	12354.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13964	13964.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$970,000
13955	2990.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$485,000
13956	2991.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$1,697,500
13957	3274.08	6668	328.08		Johns Hopkins University Center for Communication Programs	$3,400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	20	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	320	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 520.08

Mechanism: CAPRISA Follow On

Prime Partner: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS

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: 13950.08

Planned Funds: $0

Activity System ID: 13950

Activity Narrative: This activity was approved in the FY 2007 COP, was funded with FY 2006 and FY2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity as the activity there is enough pipeline funding available to complete the activities. PEPFAR funding was allocated to Caprisa is implementing a cohort study following young women for 24 months to i) enhance and support safe disclosure of HIV status ii) increase uptake of HIV testing and preparedness for an HIV test, and iii) reduce HIV acquisition in young women. The study will be completed in January 2008 and the findings are expected to be disseminated thereafter. Caprisa has enough funding in the pipeline to sustain activities until January 2008 and therefore there is no need to continue funding this activity with FY 2008 COP funds.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13857, 13862, 13858, 13859, 13860

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13857	3814.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$239,500
13862	13862.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$291,000
13858	3071.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$470,000
13859	3073.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$1,906,300
13860	3072.08	6634	520.08	CAPRISA Follow On	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	$2,180,200

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4642.08

Mechanism: N/A

Prime Partner: Khulisa

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: 3345.08

Planned Funds: $1,800,000

Activity System ID: 13981

Activity Narrative: SUMMARY:

The South Africa PEPFAR program works with over 100 prime partners, who in turn work with over 300 sub-partners and 350 service delivery sites, to implement HIV and AIDS activities across South Africa. This immense level of effort poses a significant challenge to the USG in efficiently monitoring and evaluating programs (mainly because there is no single source from which to obtain PEPFAR data) and in building monitoring and evaluation (M&E) capacity among partners. Khulisa helps to address these challenges through a web-based data warehouse (DW) and through on-going independent Data Quality Assessments (DQA) of PEPFAR partners' data management systems. Both the DW and DQA activities prioritize M&E capacity building among PEPFAR/South Africa partners.

This project addresses the emphasis areas of Health Management Information Systems, monitoring, evaluation and reporting, as well as USG database and reporting systems. The main target populations are the USG and PEPFAR prime partners, sub-partners, and sites in all nine provinces.

BACKGROUND:

Khulisa Management Services is a South African-based consulting firm offering quality management and technical services to development projects throughout Africa. With PEPFAR funding, Khulisa has implemented both the DW and DQA activities since FY 2005. With FY 2006 funding, Khulisa conducted DQAs of 26 PEPFAR partners and provided data quality training for USG staff and partners. This exercise provided invaluable feedback on risks to data quality regarding reported PEPFAR data, and also sought to build M&E capacity and improve data management systems (DMS) among PEPFAR partners. These DQAs were more collaborative than traditional audits, allowing partners to receive advice on how to improve practices. The proposed DQAs will continue to build partners' understanding and capacity in M&E systems, as well as improve the overall quality of data they report.

Since October 2004, Khulisa has provided web-based data warehousing services to PEPFAR through a sub-grant through John Snow Inc. (JSI) funded through the MEASURE Evaluation project. The DW has transformed a paper-based COP planning and reporting system to a more efficient web-based system with data integrity. The DW has undergone continuous revisions to address the changing needs of PEPFAR. The proposed project activities will further support the DW and develop a sustainable and replicable system.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 - Data Quality Assessments (DQAs)

The DQAs are designed as a three-phased approach, using standardized tools based on USAID and other internationally accepted standards. At each phase, the risks to data quality are identified prompting a dialogue between the assessor and the partner about how to improve systems, resolve problems, and resolve data quality risks. The findings of each phase, with associated recommendations, are reported in detail to both the USG and the partner. In addition, the USG receives a summary report for each phase. A plan for technical assistance is developed between the partner and the USG.

Phase 1: Phase 1 assessments are conducted with a new group of partners as identified by the USG Task Force. In this phase, the partner's Data Management System (DMS) and associated processes and procedures are examined through a self-evaluation, followed by a review of the DMS by the Khulisa assessor. The main objective is to prepare the partner for Phase 2 and familiarize them with the DQA process.

Phase 2: Phase 2 involves validation and verification of reported data. The assessor uses two selected indicators (from source) and tracks it through the partner's DMS to evaluate the reported data for validity, reliability, timeliness, precision and integrity. In the process of conducting Phase 2 the assessor derives scores for several dimensions of data quality; these scores are interpreted in the context of data quality risks. Any identified risks are reported to the partner and the USG with recommendations for corrective action. Partners with high risk scores are issued compliance notes indicating data management and quality practices that could be improved in specific ways. The compliance notes also provide recommendations for resolving practices that contribute to compromised data quality of reported results.

Phase 3: Phase 3 is the follow-up visit which is only done with those partners who received a compliance note based on a high risk score in Phase 2. The assessor re-examines the data quality issues found during Phase 2 and assesses whether the corrective action taken by the partners reduces the risks that were outlined. When the assessor and partner achieve consensus on the corrective action, the compliance note is considered closed. This final visit also serves as an additional opportunity for the partner to receive technical assistance from the assessor on data quality practices.

ACTIVITY 2: Data Warehouse (DW)

The DW project is an ambitious and unique activity, and has proven to be a useful tool for PEPFAR reporting and planning. During the last two years, Khulisa built a web-based DW that is password-protected, through which implementing partners can electronically submit both narrative and quantitative information on progress towards their expected results as well as their plan for the forthcoming fiscal year. The DW also allows the USG Task Force to verify submitted data, make adjustments for partner double counts, and to maintain an audit trail by tracking changes made to data.

Over the last three years, substantial progress has been made in developing a PEPFAR reporting system. Multiple tests were performed on the system, which brought about numerous adjustments to improve efficiency and effectiveness. Feedback has been positive so far and USG staff and partners have now become more "fluent" in using the system. Last year, in addition to the reporting side of the DW, a planning side has been added to electronically capture information for the COP, enabling the USG to better manage the large amount of COP data through version control. An online "track changes" function has been added this year to assist activity managers with their final COP edits.

Activity Narrative:

Currently, the DW captures progress reports (quarterly, annual and semi-annual) and COP data; provides tools for managing budgets and targets through online, editable grids; provides a tool for the removal of double counting; tracks data changes through audit trails; and extracts indicator data, sub-partner and site information.

In FY 2008, Khulisa will continue to maintain and host the DW, with a focus on expanding features for better use and analysis of program data at the partner level. Specifically, the project will:

-- Continue improving the currently active functions for even greater ease of use by partners and USG staff.

-- Further extend the extraction and reporting capacity for indicator data, sub-partner and site information, status information and trend data. The extensions will focus on online graphical representation of data including maps. Manually-produced maps are already a significant aspect of data use and their availability online, in real time will improve the usage of this data.

-- Further improve partner-level data usage and data quality through site-level data capture for partners (other than the treatment partners who currently do so). Site-level capture will be started for partners who request it, starting with Orphans and Vulnerable Children partners and likely followed by Counseling and Testing partners.

EXPECTED RESULTS:

These two activities will allow the USG Task Force to make better, data-driven programming and planning decisions at the macro level, as well as assist partners develop and utilize more effective M&E systems. The sustainable impact of the system will be the partner's ability to make better programming and planning decisions for their own programs based on accurate and reliable data.

This activity will assist the entire PEPFAR program achieve its goals through effective M&E of partner achievements in meeting South Africa's portion of the 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7945

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23086	3345.23086.09	U.S. Agency for International Development	Khulisa	9893	4642.09		$1,521,893
7945	3345.07	U.S. Agency for International Development	Khulisa	4642	4642.07	Data Quality Contract	$1,800,000
3345	3345.06	U.S. Agency for International Development	Khulisa	3170	3170.06	Data Quality	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 262.08
Mechanism: N/A
Prime Partner: National Institute for Communicable Diseases
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: 2958.08
Planned Funds: $3,835,438
Activity System ID: 14076

Activity Narrative: SUMMARY:

The National Institute for Communicable Diseases (NICD) will use PEPFAR funds to (1) enhance existing national and provincial surveillance by extending sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected individuals; (2) conduct microbiological, etiological and antimicrobial resistance surveillance for sexually transmitted infections (STIs) in five population groups in Gauteng; (3) develop a program to assist national efforts in communicable disease surveillance by providing appropriate training for epidemiologists and laboratory workers; (4) collect trend data for HIV incidence in the evaluation of the BED assay and the validation of the assay in general populations; and (5) conduct HIV-1 drug resistance testing in drug-naive and drug-treated persons.

BACKGROUND:

(1) AIDS-related opportunistic infection (OI) surveillance was initiated with CDC funding by establishing laboratory-based surveillance for cryptococcosis in Gauteng province in 2002 and enhancing surveillance for bacterial OI in 2003. FY 2006 funds were used to expand enhanced surveillance for bacterial OI and cryptococcosis to all nine provinces and to introduce laboratory-based surveillance for pneumocystis carinii pneumonia (PCP). This system will continue to document the effect that the introduction of antiretroviral treatment (ART) has on the incidence of opportunistic diseases.

(2) Sexually transmitted infections (STIs) remain a major co-factor in acquiring and transmitting HIV infection. An ongoing surveillance program for STIs is essential to provide appropriate management information at all levels of the health service. These data are critical for monitoring the effectiveness of syndromic management algorithms and for measuring the impact of STI interventions on HIV prevention. However, syndromic management of STIs does not allow for surveillance of either disease etiology or of antimicrobial resistance. Rising levels of antimicrobial resistance in gonococci and the high prevalence of herpes as a cause of genital ulceration are cause for concern and may accelerate HIV transmission. Microbiological surveillance activities will focus on STI microbiological surveillance in Gauteng. Data from these projects will inform national and local HIV and STI policy development.

(3) There is an increasing need for public health professionals to receive training in integrated public health practice. The South African Field Epidemiology and Laboratory Training Program (SAFELTP), modeled on CDC's Epidemic Intelligence Service, is a training and service program intended to build capacity in applied epidemiology and public health laboratory practice.

(4) The National Department of Health (NDOH) has set a 50% reduction in new infections by 2011. Incidence testing is critical for targeted planning and measuring the effect of HIV prevention programs. HIV incidence measures are required to understand the dynamics of the epidemic and to make decisions about interventions to prevent infections.

(5) With expanded program to provide treatment there is the concomitant risk of increased circulation and transmission of drug resistant strains of HIV. Given the limited drug regimens it is important to perform surveillance to inform on decisions of drug regimen changes at both a local and regional level.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: OI Surveillance (GERMS-SA)

Enhanced OI surveillance will be continued by collecting clinical case data at sentinel hospitals, capturing and analyzing clinical data centrally, and characterizing pathogens with regard to susceptibility, serotypes/groups, and subspecies. This activity will also focus on training, site visits for feedback to clinical and laboratory staff, maintaining the national laboratory surveillance network, and conducting annual meetings for collaborators to discuss results, surveillance objectives, and the inclusion of new diseases/syndromes as national priorities change.

ACTIVITY 2: STI Microbiological Surveillance

STI surveillance will take place among five groups including township youth, HIV-infected symptomatic patients, pregnant women living with HIV, STI patients attending private health providers and STI patients attending public health-care facilities. Youth and STI clinic attendees will be encouraged to test for HIV using VCT delivered at the same time as STI testing. STIs are strongly linked to HIV transmission and effective STI management reduces HIV transmission. NICD will implement the project in collaboration with local health departments (STI medicines), Mothusimpilo, a youth NGO, treatment and antenatal clinics for people living with HIV, primary healthcare and private practitioner clinics in Johannesburg and Carletonville. STI screening results will be used to determine prevalence of STIs in each population, to inform STI syndromic management guidelines through provision of information on syndrome etiology and resistance of gonorrhea to current first-line antimicrobial therapy. Thirty healthcare workers will be trained on the importance of STI management to prevent HIV transmission.

ACTIVITY 3: SAFELTP

The NICD will continue to work with the NDOH, the University of Pretoria and the CDC to run the SAFELTP in South Africa. SAFELTP activities include (a) identifying skills and performance gaps; (b) creating an action plan for faculty and curriculum development; and (c) training in epidemiology, laboratory, and public health practice. In FY 2008 the SAFELTP will undertake the following training activities: (a) The 2007 SAFELTP cohort (10 students) will complete their first year of applied field epidemiology training in 2007 and continue with their second year in 2008. NICD will enroll another 10 - 12 students for their first year as SAFELTP residents in 2008. This is a two-year Masters' of Public Health (MPH) accredited course run in conjunction with the NDOH, the National Health Laboratory Service (NHLS), NICD and the University of Pretoria's School of Health Systems and Public Health. At the end of the two years the students will have produced a portfolio of epidemiological projects including two or more outbreak investigation reports, an evaluation of a surveillance system, an analysis of an exciting data set and a research report. Field placements of the residents will be in the provincial Departments of Health and the NHLS. The University will award them an MPH on satisfactory completion of the course. One hundred and fifty laboratory

Activity Narrative: personnel were trained in a one-day quality assurance (QA) course offered in peripheral venues to promote quality of hematology and chemistry testing in support of the antiretroviral program. The NICD will monitor the progress and implementation based on the course work and problem-solving exercises in conjunction with the NHLS QA. Training segues with the Laboratory Information program. Ten residents, nearing the end of their first year of SAFELTP residency training, have completed field activities in eight provinces and will complete their training in 2008. Ten new residents will be enrolled in 2008. A five-day TB course for provincial TB Coordinators, HIV Coordinators and Laboratory focal persons (n=9) will take place in 2008.

ACTIVITY 4: Incidence Testing

Measuring incidence in cross-sectional population surveys can help avoid the complexities associated with surveillance systems or with inferring incidence from prevalence. In the context of expanding ART programs it will become more difficult to interpret HIV prevalence survey data, and more valuable to have HIV incidence estimates as an additional data source. The BED assay will be used to evaluate HIV-1 serology positive specimens from the 2005-2007 antenatal care seroprevalence surveys. The total specimen number will increase to less than 10,000 based on the expanded survey numbers to 1,400 clinic sites. The NICD will also measure the specificity of the BED, estimate the sensitivity of the BED and determine HIV-1 incidence in different general populations in collaboration with PEPFAR-funded partners. The assay will be applied to a large population-based HIV surveillance program conducted by the Africa Centre (a PEPFAR partner located in KwaZulu-Natal) and the planned Human Sciences Research Council's population survey in 2008. Additional incidence tests and empirically derived correction factors will be applied to determine the suitability of the BED assay.

ACTIVITY 5 HIV-1 Drug Resistance

The HIV-1 drug resistance project started in 2003 will continue to monitor for the emergence of drug resistance in the community (transmitted resistance). This project is based on the WHO Threshold Survey using samples collected from the NDOH's Annual Antenatal Survey (ANSUR). This is important to determine the choice of regimen and to identify high levels of resistance for further investigation. Resistance testing will be performed on patients receiving and failing treatment to determine resistance to current first- and second-line drug regimens. This forms part of the South African Treatment and Resistance Network (SATuRN). NICD plans to link with the epidemiology division to study Early Warning Indicators for resistance at the program level. Other methodologies for resistance surveillance will be evaluated, including the use of dried blood spots (DBS) for resistance testing and assays for measuring phenotypic drug resistance.

These NICD's activities contribute to PEPFAR's goals of preventing 7 million new infections and treating 2 million people by improving surveillance and building capacity to inform policy and to facilitate program management. These activities support the prevention and treatment goals in the USG Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7390

Related Activity: 14073, 14074, 14075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22860	2958.22860.09	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	9807	262.09		$0
7390	2958.07	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	4398	262.07	CDC GHAI	$3,954,060
2958	2958.06	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	2648	262.06	CDC GHAI	$2,950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14073	6424.08	6700	262.08		National Institute for Communicable Diseases	$582,000
14074	12473.08	6700	262.08		National Institute for Communicable Diseases	$873,000
14075	2959.08	6700	262.08		National Institute for Communicable Diseases	$2,885,750

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	580	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 500.08

Mechanism: CDC Support - with CARE UGM

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 3044.08

Activity System ID: 14062

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: $3,213,058

Activity Narrative: SUMMARY:

PEPFAR funds will support the National Department of Health (NDOH) to implement M&E activities in HIV and AIDS programs. The major emphasis area for this program is the development of health management information systems, with minor emphasis on improving information technology and communication infrastructure, M&E and reporting, and proposed staff for Strategic Information (SI). Target populations include South African policy makers, members of the National AIDS Control Programme, and other staff in the NDOH. Activities described in this COP entry have been requested by the national or provincial Departments of Health.

BACKGROUND:

The NDOH lacks trained M&E personnel for specialized information gathering and management tasks. Data on disease surveillance and HIV and AIDS service uptake are often not up to standard or not transmitted in a timely manner, negatively affecting the NDOH's ability to analyze epidemiological trends effectively. CDC has provided technical support for M&E since 2003, including developing standard indicators, policies and guidelines, and training tools. Funds will be used to expand the NDOH's M&E activities, especially its human capacity development at the national and provincial levels.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Funds will be used to conduct orientation sessions on M&E for HIV and AIDS program staff. The sessions will focus on new and existing M&E officers, and will inform staff of the importance of M&E in measuring the effects of the HIV epidemic. Staff will be trained to use the District Health Information System (DHIS), an electronic database that tracks disease and health indicators, and trained to use relatively more sophisticated M&E techniques for program planning. HIV and AIDS program staff will be trained in data management techniques. This activity is ongoing and in the past year has primarily focused on improving data in the PMTCT program.

ACTIVITY 2: Staff

There are four SI positions included in this COP entry.
(1) An M&E Advisor, who is seconded to the NDOH HIV and AIDS Directorate, will continue to provide technical assistance to the NDOH and provincial health departments to support data use and analysis efforts at the NDOH.
(2) An M&E Advisor based at the CDC office will continue to work closely with the NDOH and with PEPFAR partners, on management information systems, data issues, and activities with the Western Cape Department of Health.
(3) A Management Information Systems (MIS) specialist, who has recently been hired, will conduct an assessment of USG-supported MIS.
(4) An M&E Assistant will soon be hired to improve the data analysis of PEPFAR data and assist in providing feedback to partners and the South African Government (SAG) about PEPFAR activities. The USG is currently engaging with the provincial departments of health to improve collaboration and communication about PEPFAR-funded activities. This position will assist in facilitating these activities in the future.

Additional funds will be used to support SI staff as per recommendations from the Staffing for Results exercise.

ACTIVITY 3: Support to the SAG

Relations between the United States and South Africa are steadily improving. In an effort to continue to strengthen this relationship, funds have been budgeted for technical assistance that the national and provincial Departments of Health frequently request on an ad hoc basis. Examples include technical assistance to the KwaZulu-Natal Premier's Office for improving data quality and data use in the province and assistance with conducting a Data Quality Assessment of the TB/HIV data management system in the NDOH.

ACTIVITY 4: Strengthening Management Information Systems

The South Africa PEPFAR Task Force is prioritizing the harmonization and coordination of MIS within PEPFAR-supported partners and with the South African Government M&E systems. The USG recognizes that as PEPFAR programs are scaling up, there is a need for a a more strategic plan for developing and implementing systems that focus on patient care, community-based care, and managing aggregated data. The new USG HMIS staff person will develop an investment strategy in MIS and work towards aligning or improving communication between systems. He will provide support to partners, especially those working in the public sector, and will provide technical assistance to the NDOH for harmonization of health systems and to the Department of Social Development on an MIS for orphans and vulnerable children.

Improving the NDOH's ability to collect, process and utilize SI will directly contribute to improvements in HIV and AIDS service delivery by having the information available for decision-making purposes. These improvements, in turn, will have a positive impact on South Africa's ability to prevent new infections, care for patients living with HIV, and to provide treatment for those with AIDS, in support of PEPFAR's goals. These efforts also support the USG Five-Year Strategy for South Africa by building capacity within the South African government.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7364

Related Activity: 14057, 14058, 14068, 14069, 14063, 14071, 14059, 14060, 14061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22852	3044.22852.09	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	9806	500.09	In Support - CDC	$1,456,357
7364	3044.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	$500,000
3044	3044.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	$205,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14057	3564.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,475,813
14058	7966.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,036,000
14063	14063.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$200,000
14071	14071.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,285,000
14059	3045.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$3,654,550
14060	3046.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$1,568,323
14061	3282.08	6698	500.08	CDC Support - with CARE UGM	National Department of Health, South Africa	$873,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	False

Indirect Targets

Coverage Areas

KwaZulu-Natal

Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 492.08

Mechanism: N/A

Prime Partner: National Department of Health, South Africa

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: 3039.08

Planned Funds: $0

Activity System ID: 14054

Activity Narrative: This activity was approved in the FY 2007 COP, is funded with FY 2007 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2008 funding is requested for this activity.

PEPFAR funds were allocated to support the NDOH on M&E activities that the NDOH is collaborating with provinces throughout the country. The support to the NDOH was in terms of employing M&E officers at nine provinces as a means of strengthening the existing M&E structures. None of the M&E officers were employed ay the provincial level. Therefore the funds amounting to $445,000 that were aimed at supporting the NDOH on M&E have been carried over to 08FY. The NDOH is contemplating on having the M&E officers in all provinces during the 08 FY.

An amount of $620,000 from the CoAg has also been carried over to the 08FY. These funds will be used to funds AB activities that the NDOH in partnership with NGOs and FBOs are executing through the country.

Therefore there is no need to continue funding this activity with FY 2008 COP funds.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7960

Related Activity: 14049, 14050, 14051, 14052, 14053

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
7960	3039.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		$445,000
3039	3039.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2679	492.06		$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14049	3034.08	6695	492.08		National Department of Health, South Africa	$0
14050	7961.08	9626	9626.08		Walter Sisulu University	$679,000
14051	7962.08	9626	9626.08		Walter Sisulu University	$291,000
14052	7963.08	9626	9626.08		Walter Sisulu University	$1,164,000
14053	3038.08	6695	492.08		National Department of Health, South Africa	$0

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	False

Indirect Targets

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 466.08

Mechanism: HPI

Prime Partner: Health Policy Initiative

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: 3017.08

Planned Funds: $121,250

Activity System ID: 15076

Activity Narrative: SUMMARY

The Health Policy Initiative (HPI) will carry out capacity building activities and provide technical support to ensure improved national and provincial level financial planning and effective resource allocation for HIV and AIDS. The target populations are host county government workers at national and provincial levels, with a specific focus on AIDS Control Program staff; and the emphasis area for this activity is other strategic information (SI) activities, to include healthcare financing and local organization capacity development.

BACKGROUND

HPI has significant expertise in providing assistance to governments and donors in planning and allocating future resources to manage national HIV and AIDS programs. This is an ongoing activity in South Africa, first initiated in 2001 with the collaboration of the National Department of Health (NDOH) and several other government departments. Since 2004, the activities were funded by PEPFAR and included provision of technical assistance and training for staff at the Health Financing and Economics Unit (HFEU) of the NDOH in applying the GOALS model. The GOALS model is a computer model designed to support HIV and AIDS planning by linking expenditure on specific program interventions to coverage of the population in need and to program goals, such as infections averted and deaths averted. HPI will continue to support the NDOH in preparing resource allocation and human capacity building plans to implement the NDOH's HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) effectively. HPI has made it a priority to strengthen the capacity of provincial governments to cost their Provincial Strategic Plans and to align it with the NSP. HPI will provide technical assistance to all nine provinces and use information from the COP or other sources to identify gaps in budget allocations and providing information on what set of interventions can most effectively contribute to achieving the South Africa prevention and treatment targets.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1. Resource Allocation.

In this phase, financial staff from the NDOH HIV and AIDS, Comprehensive Care, Support and Treatment Unit, will form part of the national training team to roll this intervention out further to the provinces. Training and technical assistance will be provided to national trainers to conduct national and provincial training for technical working group members on resource allocation, the use of data for decision making to prepare for HIV and AIDS human capacity needs, programming and financing of the NSP. Financial staff from the HIV and AIDS Care and Support Unit will also be trained to use the GOALS model and to teach staff at the provincial level on the use of the GOALS resource model to design programs, and to allocate financial and human resources. HPI staff will follow-up throughout the year with the HIV and AIDS, Care and Support trainers to provide additional capacity building.

This activity will contribute substantially towards meeting the vision outlined in the USG Five-Year Strategy for South Africa. It will contribute to reaching the goal of averting 7 million infections through improved planning and resource allocation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7605

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23065	3017.23065.09	U.S. Agency for International Development	Health Policy Initiative	9886	466.09	HPI	$310,689
7605	3017.07	U.S. Agency for International Development	The Futures Group International	4484	466.07	HPI	$125,000
3017	3017.06	U.S. Agency for International Development	The Futures Group International	2670	466.06	Policy Project	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9225.08
Mechanism: N/A
Prime Partner: John Snow, Inc.
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: 19708.08
Planned Funds: $3,201,000
Activity System ID: 21161

Activity Narrative: SUMMARY:

This partner will provide a broad program of technical assistance and other targeted project support to improve the quality, availability and use of Strategic Information (SI) in South Africa. The SI activity will contribute to strengthening programs, improving accountability and reporting, and information sharing within PEPFAR partners.

BACKGROUND:

MEASURE Evaluation supported this activity in FY 2005 and FY 2006. The MEASURE activities will be recompeted in FY 2007 and it is anticipated that the same partner will continue these activities in FY 2008. The goal of this activity is to improve the collection, analysis, and use of SI in planning, policy-making, management, monitoring, and evaluation of the South Africa PEPFAR program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partner Capacity Building

This partner will work to strengthen the capacity of PEPFAR implementing partners to monitor and evaluate their programs. The PEPFAR South Africa approach is multi-faceted and includes the following activities:
(1) M&E capacity building workshops: The five-day basic M&E workshop will be offered to PEPFAR partners three times a year.
(2) M&E workshops on specific topics: There is increasing interest among PEPFAR partners for more specialized M&E training on such topics as data analysis, qualitative methods and research and evaluation methods for program improvement. Trainings will be implemented in collaboration with a local South Africa partner.
(3) Partner-specific workshops: There are a number of large partners (or primes who have many sub-partners or sites) that want to deepen their M&E capacity. FY 2008 funds will be used to conduct partner-specific workshops to respond to this need.
(4) Technical Assistance: Individual M&E technical assistance will be provided to PEPFAR implementing partners as needed.

ACTIVITY 2: Collaboration with USG/South Africa (USG/SA) SI team

This partner will work closely with the USG/SA SI team on the development and implementation of SI systems for the PEPFAR program. Specific activities include:
(1) South Africa Strategic Information Manual: Update and disseminate a compendium of information and procedures to support PEPFAR.
(2) Partner M&E Meetings: Coordinate and facilitate partner meetings.
(3) Ongoing collaboration: Support collaboration among PEPFAR partners given the growing data and reporting demands of PEPFAR.

ACTIVITY 3: Increased demand, availability and utilization of SI

This partner will utilize multiple strategies for increasing the demand, availability and utilization of SI in South Africa by both USG and South African partners. In November 2004 MEASURE Evaluation contracted with Khulisa Management Services to develop the Data Warehouse (DW). Initially Khulisa focused on developing the PEPFAR reporting system, but in the future Khulisa plans to make the DW more useful for partners and USG staff. This partner will develop ways to improve data management and data use by supporting a database that stores and provides easily extractable information received from PEPFAR partners in South Africa.

These activities contribute to the overall goals of PEPFAR at both a local and global levels by providing valuable information for decision making.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 19708

Related Activity: 21160

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23630	19708.23630.09	U.S. Agency for International Development	John Snow, Inc.	10252	9225.09	Enhance SI	$3,107,866

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21160	21160.08	9225	9225.08		John Snow, Inc.	$1,552,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	50	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 242.08
Mechanism: ACCESS
Prime Partner: JHPIEGO
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: 21089.08
Planned Funds: $242,500
Activity System ID: 21089

Activity Narrative: SUMMARY:

JHPIEGO will continue (a) conducting monitoring and evaluation (M&E) training in PMTCT for staff from the National Department of Health (NDOH) and provinces; and (b) implementing and expansion of the training information monitoring system (TIMS). In addition, JHPIEGO will also strengthen PMTCT supervision skills for provincial and district PMTCT program managers.

ACTIVITY 1: Monitoring and Evaluation

Since FY 2004, JHPIEGO has provided technical assistance in strengthening PMTCT M&E and has trained approximately 250 HIV and AIDS program managers and coordinators from the NDOH and eight provincial departments of health in M&E fundamentals. In FY 2007, JHPIEGO provided intensive on-site supervision and follow-up to targeted sites in the Northern Cape using a supervision tool outlining PMTCT M&E standards. JHPIEGO assisted facility-based health-care workers to implement interventions to improve M&E capacity. Technical assistance focused on interventions such as record keeping, interpretation of data and reporting. JHPIEGO encouraged facilities to use the M&E performance tool as an internal method for supervising their effectiveness for M&E. PEPFAR funding will be used to support technical assistance costs (M&E expert consultants) to facilitate this process at the site level. The activities will continue in FY 2008 and will be expanded to additional sites.

ACTIVITY 2: Training Information Monitoring System (TIMS)

Building on the expansion of TIMS in FY 2007 to the National PMTCT Unit, Northern Cape, and North West provinces, JHPIEGO will continue to support TIMS in FY 2008 by providing technical assistance with intermittent troubleshooting to the provinces and exploring web-based TIMS. As a result of this activity, the NDOH PMTCT and TB units and three regional training centers in Gauteng, Mpumalanga and Limpopo will be able to capture training data on both national and provincial levels. This data will permit them to assess their progress and ongoing needs for capacity building. TIMS allows program planners to determine where training needs are greatest and prioritize their investment of training resources accordingly.

ACTIVITY 3: Training in PMTCT Supervision

As partners under the USAID Population and Health Integrated Assistance project, JHPIEGO developed and implemented supervision training for reproductive health supervisors in Kenya, Malawi and Ethiopia. In FY 2008 JHPIEGO proposes to address training-related PMTCT supervision problems through the adaptation and implementation of the supervision learning package. Supervision is an essential intervention to maintain the performance of the healthcare provider, and improved supervision is unanimously recognized as important for the delivery of quality HIV and AIDS services. The supervisor plays a critical role in ensuring that members of the community receive quality healthcare services. To perform effectively, the supervisor not only needs to acquire the knowledge and skills to do the job, but needs to work in an environment that will allow the supervisor to have a positive effect on the quality of services. Most health professionals charged with supervision responsibilities in the PMTCT program lack the full range of knowledge and skills to perform their job effectively. Most supervisors are limited in this capacity because they have received not received training in this area or any support or reference materials on supervision. In addition to a lack of knowledge and skills, other causes of poor performance include: insufficient funds for transportation, lack of supervision tools (to be addressed in part through the development of the supervision learning package), infrequent supervision visits and inadequate national supervision guidelines. To maximize the effect of the training interventions, it is essential that these other causes of poor performance be addressed concurrently with the training of supervisors.

These activities will indirectly contribute to the overall PEPFAR objectives, as supervision will indirectly increase access due to improved quality of service.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 21086, 21095, 13780, 13781

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
21086	21086.08	6605	242.08	ACCESS	JHPIEGO	$491,750
21095	21095.08	6605	242.08	ACCESS	JHPIEGO	$485,000
13780	7887.08	6605	242.08	ACCESS	JHPIEGO	$720,000
13781	2939.08	6605	242.08	ACCESS	JHPIEGO	$4,293,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True
13.1 Number of local organizations provided with technical assistance for strategic information activities	9	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Coverage Areas

Free State

Gauteng

Limpopo (Northern)

Northern Cape

North-West

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: $11,593,216

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

Program Area Context:

The challenges of HIV and AIDS are compounded by the need to strengthen the health workforce and associated systems in South Africa to sustain the capacity and skills to deliver HIV/AIDS prevention, treatment and care services. According to the 2006 National Human Resource for Health Plan (HRH), there are 67 doctors per 100,000 people where 62.3% of general practitioners work in the private sector. In many public sector clinics and hospitals, the vacancy rate averages 31% with increases in 2007 due to the long public health sector strikes. The new HIV & AIDS and STI Strategic Plan for South Africa, 2007-2001 promotes increased access to HIV and AIDS management including the provision of ART at primary health care level. The program policies are comprehensive but implementation is slow and the need to strengthen the capacity of health-care managers and providers looms large.

Not only is the human resource strained by the increasing workload due to HIV and AIDS, but health care workers are also suffering themselves from HIV infections and family members living with the disease. It has been estimated that approximately 16% of health care workers in South Africa are HIV-infected and many have members of their household suffering from HIV and/or opportunistic infections. In FY 2008, USG CT programs will target health care workers at government sites to ensure they know their status, and treatment and care programs will extend to health professions. HIV and AIDS have been cited as one of the leading causes for nurses to leave the public health care sector. Nurses in particular have high attrition rates in the health system and there is significant stigma preventing them from seeking treatment and care. It is imperative for PEPFAR to support new health workforce's HIV workplace programs through public sector and professional councils.

The PEPFAR program in South Africa will continue to address policy analysis and capacity strengthening in FY 2008 through an expansion of mechanisms and activities that focus on (1) in-service and pre-service training; (2) task-shifting and support for new care-providing personnel; (3) workforce planning and management; (4) quality assurance and performance standards; (5) retention, incentives, recruitment and staffing; (6) public-private partnerships; (7) strengthening leadership and policy and; (8) reducing stigma and gender inequalities. Many of the above activities under policy analysis and systems strengthening activities relate to specific program areas and are included in those sections of the FY 2008 COP. All initiatives are consistent with South Africa's National HIV and AIDS Strategy, and the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2001 and its policies related to human resource management.

The USG will emphasize the cross-cutting areas of HCD and sustainability in the transition to PEPFAR II, and will hire an HCD technical advisor. For each partner, the USG requires a sustainability plan and focus on reduction of stigma and discrimination. Gender inequalities and aggressive sexual behaviors, including violence, drive the spread of HIV in South Africa and therefore the USG incorporated gender as an overarching strategy in most programs.

There are significant efforts to provide training to healthcare providers. Current USG partners are focusing on supervision skills training, job aids, counselor tools, monitoring, coaching and clinical preceptorship programs to ensure training impacts are sustained. In FY 2008, the USG South Africa program will encourage partners to promote best practices and innovative approaches that include on-the-job training, supervision follow-up, and quality assurance mechanisms, including nationally accredited curriculums. Pre-service programs will be aligned with task analysis assessments tied to the health needs of South Africans and capacitate those training institutions to produce a South African qualified workforce.

The USG team in South Africa will allocate FY 2008 funds for a joint APS focusing on task-shifting to meet current demands on the system. This activity will focus on: (1) assessment of tasks performed by a variety of health care practitioners (doctors, nurses, pharmacists) at primary health care levels comparing this with the current prescribed scope of practice for these categories and the need/demand within the health care system; and (2) making recommendations for other categories/levels of health-care workers with a prescribed scope of practice. This activity will be carried out in collaboration with the NDOH and the professional councils with a special focus on nurses since they bear the brunt of burden. This work will also include the development of job descriptions and job competency requirements for all categories of health-care workers in the health system.

Workforce planning and management systems are weak in the national and provincial level. There is a national payroll system sitting within the Public Service Administration but there is not an adequate human resource information system to track health workers. With DFID support, the USG will look into potential assistance to improve the health workforce data to plan and manage staff. Management training is a large gap at all levels of the government and private systems in South Africa. In FY 2008, the USG program will increase the management and leadership capabilities of the new HIV/AIDS managers and the provincial and district HR managers.

A performance-based management and quality assurance system is needed in South Africa for tracking service delivery standards and helping to provide equitable career structure for health workers. Standards-based management is a practical management approach for improving performance, efficiency and quality of health services. In FY 2008, the USG will explore potential expansion into the development of a performance improvement and QA system for NDOH sites; and continue to expand the Nursing Capacity Building project enhancing leadership skills, networks and resources for nurses. With the additional FY 2008 funding, the new Quality Monitoring and Assessment Program will assist the USG team to assess adherence to SAG and PEPFAR clinical and administrative policies.

The NDOH currently has in place a rural incentive scheme, based on monetary incentives. The HRH plan clearly states the need to review retention policies, look at successes, develop award/recognition policies and attract back professionals who have left South Africa. USG does provide incentives and salary support to NDOH, NGOs, FBOs, and CBOs at HIV/AIDS service sites, including support for nurses' salaries, auxiliary staff, lay counselors and community caregivers. Around 20,500 staff in the government, private and civil society sectors are supported directly by South Africa's PEPFAR funds.

USG will continue to support a placement program to assist government recruitment of medical professionals to meet the severe shortage of workers. Locally and internationally qualified health-care professionals on both remunerated and voluntary bases are recruited against vacancies in the public sector, fast-tracking them through the recruitment process, ensuring adequate site support and incentives (see Foundation for Professional Development).

The USG uses its many links to businesses in South Africa to promote the expansion of initiatives to reach the private sector workforce. These efforts focus on integrated workplace programs, private services linked within OVC programs, as well as private sector provision of HIV services of prevention, counseling and testing, and treatment for employees. PEPFAR South Africa pilots best practices on a small scale at the provincial or district level with plans to replicate nationally. This has proven to be an effective mechanism for moving the NDOH forward in issuing revised policy and expanding private sector partnerships.

A significant focus of South Africa's PEPFAR program addresses institutional capacity issues by building the capacity of local NGOs, FBOs and CBOs. The goal is to build institutional capacity to increase the effectiveness and capacity of these partners to achieve expanded and quality services while strengthening the management of their financial and human resources. Pact, Care and the Ambassador's Small Grants Program include formal training, on-site mentoring, improved monitoring and evaluation systems, good governance and resource mobilization.

The USG program is collaborating with other donors in this program area to maximize support for human capacity building, workplace policy development, public-private partnerships and organizational capacity building among NGOs working in HIV/AIDS. The USG PEPFAR team is an active member of the South African Government's HIV Donor Coordination Forum, which is a theme group for bilateral and multi-lateral donors working towards effecting a coordinated and coherent response to the developmental challenges that HIV and AIDS poses to South Africa. The team will look into FY 2008 efforts to help strengthen the management structures of GFATM in South Africa through the new HCD position. UNDP supports Southern Africa Capacity Initiative, while World Bank and UNAIDS support GFATM and the National AIDS Commission capacity building. GFATM grants are disbursed to the same programs and grantees as some USG PEPFAR support. DFID is working with the government on implementation of its HRH plan with additional health systems support from the government of Belgium. Many donors and civil society groups address stigma and discrimination within their HIV/AIDS programs. In addition to industry and labor organizations, other donors involved in HIV workplace policies are GTZ, DFID and Irish AID. The EU also supports capacity development of NGOs/CBOs, and many donors and civil society groups address stigma and discrimination within their HIV and AIDS programs.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	371
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	387
14.3 Number of individuals trained in HIV-related policy development	6987
14.4 Number of individuals trained in HIV-related institutional capacity building	10240
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	9080
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	14904

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	9382.08	**Mechanism:**	N/A
Prime Partner:	Medunsa University	**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:	21634.08	**Planned Funds:**	$250,000
Activity System ID:	21634		

Activity Narrative: SUMMARY:
MEDUNSA will work in collaboration with CDC to conduct a training needs assessment and take stock of training and skills transfer that have been implemented to date under the USG South Africa PEPFAR program.

BACKGROUND:
USING FY 2007 funding, MENDUSA will work with CDC, South Africa to conduct a training assessment. The objectives of the assessment include auditing the training programs funded by CDC, assessing the extent to which the training has impacted on service delivery, and assessing the extent to which task-shifting has occurred from higher to lower levels of workers because of training. The assessment will be conducted in all nine provinces of South Africa. The target population for this activity is USG staff and USG staff in country, as the finding of the assessment will be used to provide input into training programs being implemented by partners and will help direct future funding in the area of human capacity building. The primary emphasis are for this activity is local organization capacity building, strategic information and a minor emphasis area is training with a focus on task shifting.

ACTIVITIES AND EXPECTED RESULTS
ACTIVITY 1: AUDITING TRAINING
Using FY 2007funding, MEDUNSA will conduct an audit of all PEPAR funded training. The assessment will be initiated with organizations implementing training for community health care workers and lay counselors. MEDUNSA will contact PEPFAR partners to solicit information on their training programs and will develop a catalogue of training being offered through the PEPFAR program. This catalogue will enable USG to identify gaps in training activities for community health care workers and lay counselors as well as duplication of efforts. The catalogue will be used to strengthen the PEPFAR programs in the area of training for this cadre of health care workers.
Activity 2: ASSESSING THE EXTENT TO WHICH TRAINING HAS IMPACTED SERVICE DELIVRY
Based on the finding of the training audit, MEDUNSA will conduct formative work looking at the impact of training on service delivery. To do this, they will work with health facilities to determine what the training needs are and assess whether the training being implemented by partner organizations addresses this need. This will be done by examining training curriculum and comparing what is in the training to the training needs of the health facilities for community health care workers and lay counselors.

Activity 3: BASIC PROGRAM EVALUATION
Medunsa will conduct a Basic Program Evaluation of the Home-based Care programs support by CDC with PEPFAR funds in South Africa. The aims of the program evaluation are as follows evaluate the training received by home-based carers supported by our partners in terms of quality of training, methods of training, training curriculum used, mentoring of carers to implement the skills they have learnt. Evaluate to what extent task shifting has taken place from nurses at primary health care clinics to home based carers. Evaluation of the tasks carried out by home based carers supported by our partners

This activity contributes to PEPFAR 2-7-10 goals and objectives by strengthening human capacity development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	257.08	**Mechanism:**	N/A
Prime Partner:	Medical Research Council of South Africa	**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:	21635.08	**Planned Funds:**	$127,716
Activity System ID:	21635		

Activity Narrative: SUMMARY:
In FY 2008, the MRC will use PEPFAR funding to engage in formative work that will lead to specific interventions in the future. This formative work includes developing service quality measures (SQMs) to improve the quality of drug treatment services especially in areas such as access to services (including HIV related services such as VCT), barriers to HIV and drug service use, quality of HIV and drug services, and service outcomes. The goal of this activity in FY 2008 is to establish policy and operational advisory groups with key stakeholders in the drug abuse and HIV policy, service planning, and treatment delivery arenas to address issues of service quality and develop systems for service improvement. The major emphasis areas are local organization capacity building and the development of networks, linkages, referral systems, and service quality improvement mechanisms; and information, education and communication. Minor emphasis areas include community mobilization/participation; linkages with other sectors and initiatives; and training. Primary target populations are key stakeholders in the HIV and substance abuse treatment policy arena as well as substance abuse treatment service providers.

This project is consistent with the revised South African National Drug Master Plan and will provide guidance on how the South African Government can translate strategies into action. Sustainability is addressed across all activities, by developing the capacity of existing service providers to measure service quality and service performance, providing ongoing technical support to stakeholders via regular telephone and videoconferences, enhancing data management systems, and providing program adjustments as necessary. This project also directly addresses the NSP for HIV and AIDS by identifying a set of standardized indicators that can be used to monitor service quality and service performance.

BACKGROUND:
Using FY 2008 funding, the MRC will engage in formative work in the area of improving drug treatment services through the integration of drug treatment services with HIV services. The formative work will result in the development of specific interventions that will be implemented in subsequent years. The formative work, (FY 2008 funding)will ensure that serrvice quality measures (SQMs) to improve the quality of drug treatment services especially in areas such as integration of HIV and substance abuse services, provision of wraparound HIV services in substance abuse treatment settings, access to services (including HIV related services such as VCT), barriers to HIV and drug service use, quality of HIV and drug services, and service outcomes are developed. These SQMs will help South African Department of Health improve the quality of its substance abuse services by creating the means to empirically measure the results achieved in service priority areas such as access to services (including HIV related services such as VCT and including access to services for vulnerable groups such as women), quality of HIV and substance abuse services and service outcomes thereby creating a platform to guide policy and service improvements. Such improvements in the efficiency, effectiveness, and equitability of treatment in South Africa are especially important in the light of the relationship that is increasingly being established between drug and alcohol abuse, high-risk sexual behaviors and HIV. It is also important in the light of recent policy initiatives which call for better quality and standardized data on service performance and service quality within the substance abuse treatment sector. Calls for better monitoring of substance abuse treatment quality are in keeping with policies such as the National Drug Master Plan and the new Substance Abuse Bill that is currently being reviewed by parliament.

The use of SQMs provides a platform for the monitoring of service quality and service performance which is currently lacking in South Africa, despite a commitment to measuring service outcomes. This project has a strong policy component that is integral to the start-up of the project as well as to the uptake of SQMs as a routine part of the substance abuse treatment system functioning. The project allows for an iterative process of feedback between policy advisory and technical advisory groups and service providers. This process moves beyond the previous top-down approaches that have been implemented in attempts to regulate the treatment sector (and which have so far failed to make much of an impact). This project therefore has the potential to strengthen the substance abuse policy making process, particularly around the integration of HIV services into substance abuse services and the provision of wraparound rather than standalone services. Apart from policy goals, this project directly allows for quality improvement in health care delivery. The use of SQMS will help us identify areas that can be changed to improve service quality, client outcomes and service delivery (despite local challenges). Over time the use of SQMs will allow us to test whether changes made to the system impact on service quality.

ACTIVITIES AND EXPECTED RESULTS:
ACTIVITY 1: Formation of an advisory group
FY 2008 funding will be used to set up an advisory group that will consist of a policy and operational subcommittee. This advisory group will be made up of 22 members;12 of whom will be key stakeholders in the drug abuse and HIV policy and service planning and monitoring arena at a national level and ten of whom will be key individuals from the treatment delivery arena at a provincial level. For the latter, the stakeholders will represent substance abuse treatment service providers in the Western Cape, Gauteng and KwaZulu-Natal provinces. A core function of this activity will be to build capacity among these 22 stakeholders to address issues of service quality and service performance. This activity will also support the development within these groups for the monitoring of service quality, outcomes and performance. FY2008 activities include building capacity among an advisory group of key stakeholders to collaboratively identify a set of quality improvement goals for the drug abuse treatment sector; identify potential service quality measures (SQMs) addressing each of the stated goals, taking into account current infrastructure capabilities; review these SQMs to ensure that they are feasible to use, appropriate for the South African context, and culturally sensitive; identify barriers to SQM implementation; and develop implementation strategies that are sensitive to logistical and resource barriers and to cultural differences.

ACTIVITY 2: Recommendations to integrate drug treatment services and HIV services:
Based on the discussions with the advisory group, South African Government and other key stakeholders, MRC will develop a set of recommendation that will be used to develop specific interventions in FY 2009 to integrate drug treatment services and HIV services.

Results contribute to PEPFAR 2-7-10 goals by addressing the linkages between drugs, alcohol treatment and HIV treatment.Results are aligned with South African goals of improving substance abuse management information systems and building capacities among service providers to monitor their service quality and service performance. This project will help strengthen the South African health management information system as it helps identify standardized measures of the effectiveness, efficiency and equitability substance

Activity Narrative: abuse treatment services and of the HIV services provided in substance abuse settings. As such, it allows for theidentification of areas in which the current treatment system can be improved. It will also help us monitor the extent to which barriers to HIV services (including VCT) in substance abuse treatment exist, consumer perceptions of service quality, and the extent to which HIV services are integrated into substance abuse treatment settings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8681.08

Mechanism: N/A

Prime Partner: South African Democratic Teachers Union

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: 19528.08

Planned Funds: $350,000

Activity System ID: 19528

Activity Narrative: SUMMARY:

The South African Democratic Teachers Union (SADTU) workplace program aims to work with provincial, regional and branch structures in three provinces to strengthen HIV prevention and increase access to care and treatment for teachers, their communities and learners.

BACKGROUND:

The HIV and AIDS pandemic has created workplace environments that are not conducive to quality teaching and learning for both educators and learners alike. The school as a workplace is plagued by high levels of stigma. This often results in educators suffering silently and becoming victims of the pandemic despite high perceptions of knowledge of HIV and AIDS. As a result many educators do not have the courage and support in the workplace to go for voluntary counseling and testing, since knowing your status is not publicly encouraged. Consequently most educators discover they are HIV positive when they start showing symptomatic illnesses that do not respond to medications. By this time their CD4 counts are usually low and they can no longer function optimally at their schools with compromised health. The SADTU project aims to reduce the impact of HIV and AIDS by focusing on preventing transmission of HIV for teachers and caring for orphans and vulnerable children in the workplace. SADTU has existing national and provincial partnerships with the Department of Education and was a member of the team that developed the National Strategic plan with the Department of Health. SADTU has also established relationships with other HIV and AIDS organizations around the country. This will ensure sustainability of program after PEPFAR funding. The target population for these activities is teachers, their communities and primary and secondary school learners who they are in contact with.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening Policy Development and Implementation

Technical support, training and financial support will be provided to strengthen the capacity of the trade union movement to participate in the development of public policies and policies within the union structures and at the workplace, in this case, within schools. Technical support and training will be provided via workshops on ways senior school management, employers, senior union leadership and co-workers can mainstream HIV and AIDS issues into routine workplace activities. Support will also be provided to develop workplace policies and strategies on HIV and AIDS.

ACTIVITY 2: Capacity Building and Mentorship Program

PEPFAR funds will be used to train and establish a mentorship program for a large number of peer educators, within the union. These peer educators will be provided with technical assistance to conduct HIV and AIDS prevention education programs for fellow educators, and community members. Peer educators will be responsible for the following key HIV and AIDS prevention efforts: 1) develop strategies to increase awareness of HIV and AIDS, sexual transmitted infection and tuberculosis among union members; 2) increase the involvement of unions in the development, implementation and monitoring of HIV and AIDS workplace policies and programs.; 3) increase the involvement of men in HIV prevention efforts (male norms and behaviors, key legislative issue) and in efforts to combat violence against women (reducing violence and coercion, key legislative issue); and 4) develop strategies to reduce stigma and discrimination (key legislative issues) against HIV-infected members in the workplace; and finally, 5) develop strategies to promote healthy lifestyles and the adoption of risk reduction behaviors among union members.

Providing effective prevention messages and leadership education to employer associations, business, worker representatives and union members in a cross-section of South African industry will contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	472	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	472	False
14.3 Number of individuals trained in HIV-related policy development	472	False
14.4 Number of individuals trained in HIV-related institutional capacity building	472	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	253	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	244	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Business Community

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	8683.08	**Mechanism:**	N/A
Prime Partner:	South African Business Coalition on HIV and AIDS	**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:	19527.08	**Planned Funds:**	$332,000
Activity System ID:	19527		

Activity Narrative: The South African Business Coalition (SABCOHA) will implement through the Vender Chain Management and BizAids sub-partnerships. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; training and linkages with other sectors and initiatives and development of information, education and communication materials. The target population will include adults (men and women of reproductive age), truck drivers, factory workers, the business community and HIV/AIDS affected families. The project will focus on gender by addressing male norms and behaviors, issues associated with violence and coercion and stigma and discrimination (all key US legislative issues).

Activities and expected results:

Activity 1: Vendor Chain
In the Vendor chain program, during the capacity building of companies, there will be discussions on the HIV and AIDS workplace policy, procedures and human resources (HR) issues. This will result in drafting of policies with the participating companies and in ensuring that the HIV and AIDS programs can be linked to the existing company systems without unnecessary duplication of work and/or roles.

Managers will be trained on Stigma and Discrimination as part of the Management training.
One of the components will include the discussions on the HIV/AIDS Workplace policy, procedures and HR issues specifically relating to performance management, compensation, industrial relations and the management of incapacity and disability in accordance with the Code of Good Practice, ensuring a non-discriminatory work environment . This will also include managing misconceptions and prejudice and the development of supportive relationships amongst employees.

Activity 2: Peer Education
In offering HIV-related education, counseling and support in the workplace, peer educators are in many respects at the coalface of the epidemic. SABCOHA will also strengthen the existing Peer Education forums in the 5 provinces where they exist.
Using FY 2008 PEPFAR funding, the trained HIV Coordinators and peer educators in the vendor chain program will be linked to the strengthened and fully functional peer education forums. As the Vendor Chain Programme unfolds in other provinces, SABCOHA will develop more Peer Education forums.

Activity 3: BizAids
A personal participant handbook forms the basis personal plans of action to mitigate against the risk of HIV/AIDS and its potential for disruption of small business. BizAIDS training materials have been developed in English. Research has found that small businesses owners prefer to have the training delivered in English as they believe the language of business is English. Trainers switch to the vernacular when translating areas of uncertainty. Training handouts include information on HIV/AIDS prevention, abstinence/be faithful, VCT & Treatment options and guidance on how to link into local business, treatment and legal assistance services. These materials come from strategic partners such as the Khomonani campaign (the communication campaign implemented by the South African Department of Health, The AIDS Law Project and Metropolitan Health. Linking the business owner, their employees and family to VCT and treatment is the next necessary link.

Providing effective prevention messages and leadership education to employer associations, business, worker representatives and union members in a cross-section of South African industry will contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	100	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	False
14.3 Number of individuals trained in HIV-related policy development	200	False
14.4 Number of individuals trained in HIV-related institutional capacity building	500	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	500	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Teachers

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

North-West

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8682.08 **Mechanism:** N/A

Prime Partner: Education Labour Relations Council

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: 19529.08

Planned Funds: $450,000

Activity System ID: 19529

Activity Narrative: SUMMARY:

With an estimate of 12.3 million learners in South Africa, served by 386,600 teachers and more than 26,000 schools managing a response to HIV and AIDS across the education sector requires a comprehensive and substantial effort. Efforts must include a focus on both learners and educators if the impact of HIV is to be mitigated; and it must be recognized that any efforts focused on learners via the education sector cannot succeed without educators also being addressed. The Education Labour Relations Council (ELRC) will implement a comprehensive HIV and AIDS workplace program for the education sector of South Africa.

BACKGROUND:

ELRC is a statutory council which serves the South African education sector nationwide and is comprised of the public sector, the national and provincial departments of education, the private sector and teacher unions representing all primary and secondary public school educators. The ELRC works as an interface between the Department of Education (DOE) and labor organizations for labor peace and a vision of contributing towards the transformation and development of a quality South African public education system. A 2005 Health of Our Educators Report found that 50% of all teacher attrition is linked to complications of HIV and AIDS, resulting in 4000 teachers being lost each year due to AIDS. The general prevalence rate among educators was found to closely parallel that of the national population with an estimate of 12.7% of all DOE employed educators living with HIV. Based on the findings of this report and with FY 2007 and FY 2008 PEPFAR funding ELRC will implement a country-wide project in all 9 South African provinces to educators living with and affected by HIV and AIDS. The target group for this project is teachers, including those living with HIV or those who have family members living with HIV. This is a workplace intervention with minor emphasis areas in information, education and communication, community mobilization, and the development of linkages and networks. A particular focus of this project is the greater involvement of people with AIDS. ELRC will work with HIV positive teachers to ensure they can serve as role models to fellow teachers and to learners.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Institutional Capacity Building

ELRC will work with four teachers' unions to strengthen institutional capacity to address HIV and AIDS. Activities include developing workplace programs, identify capacity needs, and address the capacity needs of each participating union.

Activity 2: Addressing Stigma and Discrimination

Teacher union leaders will be trained in treatment literacy and stigma and discrimination. These union leaders will be responsible for distributing IEC materials focused on treatment literacy and stigma and discrimination as well as conducting workshops to address these issues.

These activities contribute to PEPFAR's goal of preventing 7 million new infections. The activities described here will also support the prevention objectives identified in the USG Five-Year Strategy for South Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	345	False
14.4 Number of individuals trained in HIV-related institutional capacity building	260	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1,815	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	126	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Mobile populations

Other

Pregnant women

People Living with HIV / AIDS

Teachers

Coverage Areas
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Northern Cape
North-West

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6874.08

Mechanism: TBD- Quality Monitoring

Prime Partner: Khulisa Management Services (Pty) Ltd

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: 14570.08

Planned Funds: $3,000,000

Activity System ID: 14570

Activity Narrative: SUMMARY:

The Quality Monitoring and Assessment Program (QMAP) is a new activity for FY 2008, and was added in response to the additional funding made available to South Africa for this fiscal year. The purpose of the activity is to assess performance in adherence to USG and agency-specific policies and guidance; administrative and financial practices and procedures; evidence-based sound clinical care and management; evidence-based, sound interventions at the community level; and the policy and practice of partners in providing support services through on-site visits and consultation. The QMAP is not an individual partner quality improvement program. These on site monitoring assessments will provide Activity Managers (AM) with information to identify challenges to partner implementation and ensure that PEPFAR funds are maximized in promoting evidence-based and quality programming under each program area. Since 2004, the South Africa PEPFAR team has experienced rapid growth of the HIV and AIDS prevention, care and treatment programs from over $8 million in FY 2005 to an anticipation of almost $600 million in FY 2008. Management and Staffing has not proportionately increased in an effort to apply the bulk of funds into program areas. AMs from the larger agencies (USAID and CDC) have responsibility for upwards of 25 partners and fiduciary responsibility for as much as $15 million. Given the increase in resources, the ratio of staff to partners or dollars will grow in FY 2008 despite new recruitment. The PEPFAR Task Force and partners utilize several approaches that aim to monitor partner performance. Quarterly and bi-yearly reports with follow-up; interim progress reports; partner meetings; and requested budget draw-downs are examples that are currently in use. On-site visits to partners and subs funded through PEPFAR are rare due to the heavy and growing workload of AM. In FY 2008, the PEPFAR Task Force agreed to prioritize site visits for the purpose of monitoring quality and assessing performance. This activity is considered an essential aspect of strategy development under the PEPFAR reauthorization.

The following activities are to be included:

ACTIVITY 1: Establishment of a QMAP Leadership Team to determine the goals and objectives of the program

The team membership should consist of South Africa Government (SAG) and appropriate Agency representatives (technical leads and/or AM). A contractor will be named to carry out the tasks. The leadership team will collaboratively develop the goals and objectives for the QMAP in each technical and administrative area. The scope of work for the contract will be developed and bid in limited competition so as to restrict competition to include only bidders from South Africa-based organizations.

ACTIVITY 2: Review of existing tools

In conjunction with the SAG, USG and PEPFAR partners will carry out a review of currently existing assessment and performance monitoring tools for healthcare settings. Current PEPFAR partners and international agencies have developed, piloted, and implemented assessment and monitoring tools that may be modified for this program. It is important to evaluate those already existing tools to minimize duplication of effort. Appropriate tools developed by other countries will be included in this review. In addition, in conjunction with the SAG, PEPFAR will develop new tools to monitor performance in any areas where appropriate tools have not yet been developed.

ACTIVITY 3: Site visits

After development and validation of the QMAP tools, the QMAP Leadership Team will collaboratively develop a calendar to visit sites of PEPFAR partners. The intent is to conduct site visits and implement the QMAP for 70% of partners in the first year. A partner review may include, but will not be limited to a file review; on-site interview of leadership and staff; on site review of administrative, financial, clinical and support services (in a clinical setting); review of curricula, plans and observation of activities (in a community setting); focus group interviews with clients who are receiving services; and each partner will conduct a follow-up consultation to provide appropriate technical assistance or modify program activity as needed. SAG involvement will ensure buy-in and strengthen a sustainable health care system for persons affected with HIV and AIDS. This activity is in support of and provides strengthening for all aspects of PEFPAR and plays a meaningful role in assisting partners to achieve the 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	50	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 466.08
Mechanism: HPI
Prime Partner: Health Policy Initiative
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: 3016.08
Planned Funds: $1,455,000
Activity System ID: 15077

Activity Narrative:

SUMMARY:
Health Policy Initiative Task Order 1 (HPI TO1) provides an enabling policy environment as a foundation on which to build quality, sustainable HIV programs and services. The HIV epidemic in South Africa (SA) cannot be addressed by the health sector alone—it requires a strong, coordinated multisectoral response from workplaces, faith-based groups, and civil society organizations to ease the burden on the health system. They also have critical role to play in reducing stigma and discrimination (SD) against people living with HIV (PLHIV) which is essential for encouraging counseling and testing, disclosure, and antiretroviral (ARV) treatment. Multisectoral engagement, including involvement of PLHIV and other vulnerable groups, is critical to ensure that: needs of those most affected are met; community leaders break the silence; stigma that hinders HIV prevention and treatment is eliminated; and resources for implementation are mobilized across all sectors.

In response, HPI proposes three activities that will strengthen HIV policies and programs of public and private sector workplaces; reduce SD; and build HIV-related institutional capacity of civil society groups. HPI will provide technical assistance to partners to build capacity to analyze and use data to enhance evidence-based decision-making, and to identify and address operational barriers to effective HIV and AIDS programs. HPI will also assist organizations in translating policies, strategic plans, and operational guidelines into effective programs and services.

BACKGROUND:
The National HIV, AIDS and STI Strategic Plan for SA, 2007-2011 highlights “World of Work” as an important sector for future management of HIV and AIDS in SA. Workplace policies in public sector and National Operational Plan for Comprehensive HIV and AIDS Management, Treatment Care and Support have been developed to support implementation of HIV and AIDS strategies. Adequacy of existing structures should be assessed, and capacity to develop and implement public and private sector HIV and AIDS programs should be strengthened. Workplace policies need to be developed and implemented in both private and public sector, with special focus on encouraging acceptance of HIV-infected employees and promoting open discussion of HIV and AIDS and non-discrimination.

In FY 2007, HPI TO1 developed "Managing HIV and AIDS in the Workplace: A Guide for Government Departments" as a guide in implementing the Minimum Standards on HIV and AIDS. Use of this guide within the Department of Public Service and Administration (DPSA) has mostly been done at national and provincial levels for managers leading and developing HIV and AIDS programs. HPI TO1 has launched several HIV and AIDS Management Programs for senior managers and executive leaders in 2007 with key tertiary institutions (TIs). Primary objective of the leadership training programs is to secure commitment by leaders in South Africa to actively and openly address HIV in their business environments.

For many years women have been suffered from discrimination. Gender inequality hinders social and economic development and is a critical element of the transformation agenda in SA. HPI TO1 will strengthen capacity of women by conducting a leadership course for women to capacitate and mobilize them in leadership to play vital role to ensure accountability and gender sensitive responses that will increase reach of HIV and AIDS programs run by them.

Evidence from programs in South Africa suggests that people still fear testing for HIV and treatment. In partnership with HPI TO1, Center for the Study of AIDS (CSA) has implemented the Siyam'kela Project,, focusing on HIV-related stigma. To date, the project has been successful in developing conceptual and theoretical tools to understand and mitigate stigma for government and civil society to inform the mitigation efforts, build capacity, design advocacy messages and materials, and offer training and technical assistance (TA) around stigma.

ACTIVITIES AND EXPECTED RESULTS
ACTIVITY 1: HIV and AIDS Workplace Programs
A. Program Managers and Graduate Students. HPI TO1 has worked closely with University of Stellenbosch to design training modules and facilitate training sessions as part of its diploma course on HIV program management and the workplace. As a follow-up to this activity, HPI will identify graduates of the program who have become HIV policy champions in their workplaces. HPI will provide capacity building and TA to these policy champions to strengthen development and implementation of HIV workplace policies and programs in their respective workplaces. In addition, HPI will assess the impact of the overall diploma course. HPI will identify a sample of 50 graduates to explore extent to which they are engaged in HIV workplace policies, dialogue, advocacy, and program implementation.

B. Executive Business Leaders. HPI TO1 will build leadership capacity of key business personnel to strategically and effectively respond to HIV in their work environments. Training participants will include senior managers and executives, from both public and private sectors, who enroll for Masters in Business Administration (MBA) and Executive Leadership courses through six TIs. These institutions will assist in educating key role players and their contribution is in the form of integrating the HIV & AIDS workplace module to the MBA and Executive courses. HPI expects to initiate, strengthen and improve more appropriate workplace programming in the private sector.

C. Women Program Managers. HPI TO1 seeks to strengthen technical expertise, leadership abilities, and program management skills of women working to prevent spread and mitigate effects of HIV. This responds to need for greater and more meaningful involvement of women in designing and guiding HIV and AIDS programs. Through their current programs, the national departments for Gender will help select women to participate in the program who are from civil society, religious, and government bodies and are involved in or manage HIV programs. Women’s leadership courses will help improve focus, ensure accountability, and increase reach of HIV programs by incorporating strategies that are gender sensitive.

D. DPSA and Government Departments. In partnership with DPSA, HPI TO1 will assist 30 departments to plan, develop, implement, and maintain HIV workplace policies and programs within human rights and gender framework. DPSA has mandate of instituting, strengthening, and upholding effective and efficient human resource practices in all government departments in nine provinces. Heads of Departments will oversee development and implementation of HIV workplace policies and programs. Heads of Departments follow the "Managing HIV and AIDS in the Workplace: A Guide for Government Departments,” which provides guidance on Minimum Standards on HIV and AIDS. HPI will work with DPSA to develop and

Activity Narrative: improve existing guides and monitoring tools to strengthen HIV & AIDS programs in public sector workplace.

ACTIVITY 2: Stigma Mitigation
SD has had a negative impact on HIV prevention in SA and has affected efforts to improve care and support for PLHIV. This has been exacerbated by lack of concepts and theoretical tools to understand and measure SD and their impact. Through ongoing implementation of Siyam'kela Project, capacity building for PLHIV organizations and families was done to advocate for stigma mitigation. With FY 2008 funds, the activities will focus on providing training to PLHIV organizations and their members at provincial levels on SD mitigation using the National Stigma Framework (NSF). Training will take place in all nine provinces of SA and through NDOH's HIV, AIDS, STI and TB directorate - Care and Support Unit; selection will take place to ensure departmental representation of all provinces. Representatives of PLHIV networks in different provinces will be included. Training and subsequent follow up will focus on implementation of NSF and sector plans to reduce HIV-related stigma. Through NDOH sector plans resources have been allocated for M&E of activities related to SD in provincial health departments. HPI TO1 will work with 405 representatives from NGOs, PLHIV groups and provincial health departments. HPI TO1 will provide TA to the HIV, AIDS, STI and TB directorate - Care and Support Unit to ensure implementation of their stigma plans. Evaluation will be conducted to report on progress and implementation of NSF.

ACTIVITY 3: Civil Society Organizational and Institutional Capacity Development
The SA Government's AIDS Action Plan spearheaded a national capacity-building process for the interfaith sector, in collaboration with POLICY Project which resulted in establishment of an interfaith program, FBOs in HIV/AIDS Partnership (FOHAP), in 2002. As a continuation of assistance started in 2007, HPI TO1 will provide institutional capacity building to two national FBOs, the National Baptist Church of Southern Africa in Crossroads and an African traditional FBO such as the Zion Christian Church or the Shembe, as well as three NGOs in three provinces which have been identified by the NDOH as key outlets in high prevalence areas for support to strengthen their capacity to: 1) develop strategic plans for program implementation; 2) provide institutional capacity building by facilitating governance and organizational development workshops to respond to the need for designing and implementing HIV prevention programs; and 3) build capacity of TB organizations to enable them to integrate HIV activities into their work. HPI TO1 is engaged with the three organizations providing TB outreach under the palliative care section. These activities will result in stronger TB/HIV technical programming and operations for the organization. HPI TO1 will provide institutional capacity building to 5 organizations and 180 staff for COP FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7604

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23066	3016.23066.09	U.S. Agency for International Development	Health Policy Initiative	9886	466.09	HPI	$1,165,086
3016	3016.06	U.S. Agency for International Development	The Futures Group International	2670	466.06	Policy Project	$750,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	30	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	880	False
14.4 Number of individuals trained in HIV-related institutional capacity building	180	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	405	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	7568.08	**Mechanism:**	NPI
Prime Partner:	Genesis Trust	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	16853.08	**Planned Funds:**	$0
Activity System ID:	16853		

Activity Narrative: SUMMARY:

Using FY 2008 funds from the New Partners Initiative (NPI), Genesis Trust, in close collaboration with Two Tunics, will implement a series of technical assistance and associated training activities to address the gaps in monitoring and evaluation and strategic planning among the organizations comprising the The Ugu AIDS Alliance. The Alliance recognizes the importance of system strengthening and strategic information, especially as they relate to increasing the capacity to generate and manage the information needed to improve HIV and AIDS programming and to document progress toward achieving goals and objectives. The overall emphasis in this section of the Genesis Trust FY 2008 COP is on developing systems to ensure long -term sustainability. Realizing the need for all organizations in the alliance to be strengthened to be able to sustain the activities beyond the period of the PEPFAR Grant, these functions were designed into the project under the leadership and direction of the partner Two Tunics.

BACKGROUND:

Genesis Trust represents one of five non-profit organizations that have joined together to address the HIV and AIDS epidemic and the underlying issues of poverty, health and social inequalities in the Ugu District of KwaZulu-Natal. The other organizations are Positive Ray, Rehobeth, Child Welfare, SA (Port Shepstone), and Two Tunics. Taken as a whole these five organizations comprise the Ugu AIDS Alliance (UAA). UAA is committed to create an integrated, holistic continuum of care for people in the Ugu District infected and affected by HIV and AIDS. An important goal of the UAA is to share resources and expertise to enable all partners to ensure long term organizational sustainability. Thus system strengthening and strategic information are viewed by Genesis Trust as essential components in the design and planning of HIV and AIDS activities and in their continual adjustment based on monitoring and evaluation.

It is important to note here the role of Two Tunics with respect to Genesis Trust in particular and the Ugu AIDS Alliance more generally. Two Tunics will provide the leadership and direction for system strengthening and strategic information by liaising with the other sub partners, monitoring and evaluating partner work plan implementation, coordinating quarterly progress reviews and documenting review outcomes, and preparation of required results reporting to USG/South Africa.

As a part of its capacity-strengthening program Two Tunics (TT) will supply the Genesis Care Centre with a consultant Medical Superintendent (estimated half-time position) for the duration of the grant. This function will assist Genesis with a comprehensive review and updating of policies and procedures related to palliative care. This will ensure that PEPFAR and Government of South Africa standards and best practices are incorporated and implemented in a timely and efficient manner.

ACTIVITIES AND EXPECTED RESULTS:

Genesis Trust will use FY 2008 funds to implement a set of system strengthening and strategic information activities that can be broadly categorized into an activity focused on the collection and management and use of data, another activity focused on organizational development for sustainability, and a final activity focused on the improvement of HIV and AIDS service delivery. These activities are outlined below.

ACTIVITY 1:

Genesis Trust will work closely with Two Tunics. The goals of this component of the project are to improve the capacity of UAA partners to collect, analyze, disseminate and use HIV-related data for effective program monitoring and evaluation. The emphasis here will be on further enhancing existing systems of data management and on improving the quality of data that are generated. The overall goal of this activity is to through improved HIV/AIDS surveillance, health management information systems and M&E, ensure that Genesis Trust has the capacity to generate and manage quality data and that M&E personnel together with Program Managers use these data for routine program monitoring and evaluation.

ACTIVITY 2:

In conjunction with Two Tunics Genesis Trust will implement a program of technical assistance and trainings for the purpose of enhancing the long-term sustainability of UAA partners through capacity building in areas of strategic planning, resource mobilization, financial management, human resource management and commodities, equipment and logistics management.

ACTIVITY 3:

The third activity is designed to improve all aspects of prevention and palliative care services through technical assistance in clinical aspects of HIV/AIDS care and education.

The technical assistance built into the Genesis Trust program also refers to training activities that strengthen HIV/AIDS surveillance and M&E. Work will be done with each of the partner organizations to develop M&E models, improve on methods and tools for collecting, analyzing, disseminating and using data, improving information systems, improving program monitoring, conducting program evaluations, monitoring and disseminating best practices to improve program efficiency and effectiveness.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Task-shifting
* Retention strategy

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	3	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	610	False
14.4 Number of individuals trained in HIV-related institutional capacity building	106	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	3,040	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4,030	False

Coverage Areas

KwaZulu-Natal

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9625.08 **Mechanism:** N/A

Prime Partner: University of the Western Cape **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: 22330.08 **Planned Funds:** $300,000

Activity System ID: 22330

Activity Narrative: Summary
The University of Western Cape (UWC) is implementing multiple activities aimed at improving human capacity development to address HIV and AIDS in South Africa.

BACKGROUND
The 2004 report of the Joint Learning Initiative on health human resources states that “after a century of most spectacular health advances in human history, Human survival gains are being lost because of feeble national health systems. The HIV and AIDS emergency has undoubtedly contributed to this problem, particularly in South Africa. The pressure on health care workers is immense and with the crisis of attrition and out-migration of personnel, systems in South Africa are challenged as never before. This has been placed in stark relief by the urgent need to respond to HIV and AIDS epidemic, and especially the current imperative to deliver antiretroviral therapy (ART) to large numbers of sick people who are often living in areas where health systems have been poorly developed. This project focuses on strengthening and expanding the development and implementation of comprehensive HIV and AIDS prevention in South Africa in order to mitigate the impact of the HIV and AIDS epidemic. The emphasis area for these activities is human capacity development, training, including pre-service and in-service training. The minor emphasis area is local organization capacity building. Target populations include public and private sector health care workers including human resource managers and HIV program managers.

ACTIVITIES AND EXPECTED RESULTS:
HIV and AIDS require a comprehensive approach with a view beyond the health system. Consistent with this approach, the activities in this program area demonstrate a multi sectoral approach to targeting a variety of health professionals. There are two separate activities in the program area.

Activity 1: Provide management and leadership training for new HIV program managers and human resources managers at the provincial and district level:
This activity aims to strengthen the overall capacity of both human resource managers and HIV project managers to deal with the ever-increasing challenges faced in their workplace through the provision of a leadership and management training program. The goal of the project is to improve the skills, knowledge and competencies of new HIV project managers and human resource managers so that they may be better equipped to deal with the challenges in their work. The objectives of the project are to provide a training program that would aim to introduce participants to the concept of “self-management”; provide participants with an understanding and overview of the management functions of planning, organizing, and leading; familiarize managers with the concept of innovation and allow them to apply creativity techniques so that managers may be able to lead projects to meet new innovative ideas and introduce problem solving and decision making processes and techniques applicable to their work environment. In this activity a training curriculum approved for continuing education credit through the UWC Division of Lifelong Learning will be implemented. Twenty new HIV project managers will be trained in public service leadership and management and ten human resource managers at the provincial and district level will be trained in public service leadership and management.

Activity 2: Human Resources Information System
UWC’s current work with the NDOH has initiated a process of conducting a human resource information audit in South Africa and developing a framework of national indicators for human resource management, development and planning. This activity will take this process to the next level by developing a district based human resource information system (HRIS) for general human resources information, with a specific focus on HRIS requirements for HIV and AIDS program delivery. Planning and managing programs is often hampered by the unavailability of reliable human resource information. Yet, developing good health program information system is a labor intensive and time consuming process and the staff that operates them must be trained and supported. The aim of the project is to improve the quality of healt care provided through developing a sustainable, decentralized capacity to operate and maintain integrated district based HRIS, as well as increasing the use of information by health care providers. This activity will develop a framework for district-based HRIS for the management and planning of human resources and will also develop a training program fro the data collectors and information users on the development and use of human resource information. In addition, a group of data collectors and information users will be trained on the district based HRIS for piloting.

These activities contribute to the PEPFAR goals by training HIV program manager and developing a district based HRIS. This will lead to improved human capacity development for the implementation of HIV and AIDS services

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	9	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	20	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Coverage Areas

Western Cape

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	489.08	**Mechanism:**	N/A
Prime Partner:	National Association of State and Territorial AIDS Directors	**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:	3033.08	**Planned Funds:**	$776,000
Activity System ID:	14034		

Activity Narrative: SUMMARY:

In FY 2008, NASTAD will continue to support government-to-government twinning relationships between four South African provincial Departments of Health AIDS Directorates and five U.S. state health department AIDS programs, resulting in bi-directional exchange of expertise and improved capacity of provincial health systems. The primary emphasis areas for the activity are local organization capacity building and human resource strengthening with secondary emphasis on community mobilization, linkages with other sectors and initiatives, and policy and guidelines. The activity targets persons living with HIV (PLHIV), policy-makers, teachers, public health workers, and faith-based organizations (FBOs).

BACKGROUND:

NASTAD is a U.S. non-governmental organization (NGO) with a membership of U.S. state health department AIDS program directors whose positions are analogous in program responsibility to provincial AIDS Directors in South Africa. NASTAD utilizes state AIDS program directors and their staff to engage in twinning relationships with South African provincial and district staff, providing peer-based technical assistance to increase program capacity.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008, NASTAD and its partners will (1) maintain the existing four health department twinning relationships; (2) add a fifth twinning relationship with Mpumalanga; and (3) enhance the network, linkages, and referral capacity of the provincial health departments by promoting twinning relationships between U.S. state and South African provincial academic centers and NGOs.

ACTIVITY 1: Capacity Building

Human resources are the backbone to the organizational structures, institutional arrangements and strategies existing in South Africa. NASTAD will build capacity in leadership, strategic management and program management in the areas of logistic and supply, finance, information management, collaboration and partnership development, behavior change, community participation and NGO management. Provincial DOHs require strong, dynamic HIV program leadership and well-trained program managers at the national and district levels. Conditions and resources vary significantly among provinces. NASTAD will focus on core content, skills and competencies that should underlie all programs NASTAD will enhance the twinning relationships with its current provincial partners in South Africa utilizing an HIV leadership model to enhance capacity at the provincial level. In addition, NASTAD will work with the provincial AIDS Directorate in Northern Cape Province to continue providing peer education training to incarcerated populations in the province and work with religious leaders to foster closer collaboration with the province.

ACTIVITY 2: Support of MANEPHA (Network of People Living with HIV and AIDS) - sustained growth in Eastern Cape, and replication in Free State, Mpumalanga and Northern Cape.

NASTAD will continue to support and strengthen PLHIV advocacy groups with the following activities: 1) support regular meetings of MANEPHA leadership structures (provincial network committee, coordinating structure, health advocates, and district network committee); 2) organize the provincial summit to be held in April 2008 that will include government and PLHIV representatives from across the Eastern Cape; 3) provide introductory leadership and advocacy training for newly identified PLHIV leaders in all the provinces; 4) provide capacity building sessions to strengthen existing leadership in the network, further develop organizational functioning and develop skills and knowledge of network members; 5) increase outreach at the District and Local Service Area (LSA) level targeted at reducing stigma, mobilizing communities, and education about HIV-related services; and 6) further integrate MANEPHA activities into those of the Provincial and District AIDS Councils.

In FY 2008 NASTAD will explore a potential relationship with the South African Institute for Health Care Managers (SAIHCM). NASTAD is based in Washington, DC and is a member organization of U.S. state health department HIV/AIDS directors. SAIHCM is a local professional association and alumni service to the HIV and AIDS managers who participate in the PEPFAR-funded management development programs offered by the Foundation for Professional Development (FPD). The activities would include an alumni service, management and leadership development at centers, work place peer support systems and mentorship. The target for this population is current district health system managers and students undergoing pre-service training in this area. The program would improve effective and efficient delivery of HIV/AIDS treatment and care through management development capacity building.

Strengthening HIV programming leadership at provincial and district level and the development of advocacy, leadership and networking skills of people living with HIV (PLHIV) will assist in meeting PEPFAR's strategic plans for HCD and 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7370

Related Activity: 14033

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22995	3033.22995.09	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	9859	489.09		$0
3033	3033.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	2678	489.06		$395,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14033	12357.08	6690	489.08		National Association of State and Territorial AIDS Directors	$1,264,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	40	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	150	False
14.3 Number of individuals trained in HIV-related policy development	4,880	False
14.4 Number of individuals trained in HIV-related institutional capacity building	4,880	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	4,880	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4,880	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern Cape

Free State

Western Cape

Northern Cape

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 227.08

Mechanism: ASPH Cooperative Agreement

Prime Partner: Association of Schools of Public Health

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: 2934.08

Planned Funds: $100,000

Activity System ID: 13387

Activity Narrative: SUMMARY:

Through the Center for the Support of Peer Education (CSPE), the Harvard School of Public Health (HSPH) contributes to PEPFAR prevention (AB and Other), OVC, and system/capacity building goals by providing training, technical assistance, and materials development to government, NGOs, FBOs, corporate, and other organizations using peer education strategies. CSPE is the linchpin of an unprecedented sustainable, intersectoral national system delivering rigorous peer education in schools, FBOs and CBOs, clinics, sport and recreation programs, higher education, and public and private sector workplaces. The major emphasis area is training; minor emphasis areas are local organization capacity development and policy and guidelines. The target populations are girls and boys, primary and secondary students, out-of-school youth, adults, orphans and vulnerable children, HIV and AIDS affected families, the community, policy makers, and CBOs, FBOs, NGOs and other implementing organizations.

BACKGROUND:

This project is an expansion and institutionalization of a five-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and materials and tools in wide circulation to improve how peer education is conducted. Rutanang - meaning "teaching one another" -- peer education is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., CT, OVC); and advocacy.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

CSPE is especially designed to build capacity among PEPFAR and non-PEPFAR partners through training and ongoing technical assistance and assists with the development and adaptation of educational materials, tools, policy guidelines, linkages and community mobilization, and strategic information. The Center will prepare and coordinate trainers (with accreditation process initiated) from a variety of sectors and geographic areas. The CSPE model for rigorous peer education involves the training of a strong supervisory structure (adults) who are responsible to support the teams of selected peer educator in a variety of settings and structures in the efforts to implement peer led time limited structured prevention sessions with youth or adults in work place settings. CSPE also provides TA to managers of peer education programs in their efforts to improve peer education within a systems approach. Partners will use evolving standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All CSPE materials explicitly and intensively address the following: male norms and behaviors; reducing sexual violence and coercion; stigma reduction; and maintaining infected and affected children in school. By its very nature, peer education also explicitly promotes democratic leadership development. Peer education, as mentioned earlier, is consistently defined and implemented as including, among other characteristics, multiple-dose small-group structured and facilitated discussions; informal influence; recognition and referral of those with further needs (e.g., CT, OVC); and advocacy.

ACTIVITY 2:

CSPE will attempt to work with Learner Representative Councils and School Governing Bodies through the schools program to articulate and evaluate the extent to which peer education programs contribute to active participation in school governance. Peer education with adolescents and adults emphasizes delaying sexual debut, secondary abstinence, and reduction in concurrent partners. Peer education also is a means for early identification and referral to services of vulnerable children and youth, and CSPE is pursuing strategies that enhance peer education as an advocacy tool to make environments safer. Each of the foregoing content themes is explicitly addressed in design of peer education support systems, training of peer educators, and content peer educators are trained to deliver.

The CSPE initiative strengthens an essential strategy currently used across South Africa, and indeed, across the world, with little rigor and evaluation. A key CSPE goal is South African Qualification Authority (SAQA) and other accreditation for programs, peer educator trainers and supervisors, and peer educators themselves. CSPE policy and system strengthening activities also feature education of multisectoral policymaking bodies, including National and Provincial Infectious Diseases Advisory Committees, unions, and the business community.

ACTIVITY 3:

CSPE will also develop, refine, and implement standardized monitoring and evaluation (M&E) tools and develop a database on peer education activities conducted by its partners. An annual conference of peer education evaluators and researchers will be part of its ongoing program; the seeds for this collegial approach to peer education measurement have been thoroughly sown in years of consensus-building and networking. Additionally, expert peer educators and supervisors will convene at least once a year to develop new tools and materials as needs are identified by practitioners in the field or researchers around the world. An integral part of systems/capacity building is dissemination through training and technical assistance, articles and publicity of our models and materials for psychosocial support of OVC and for workplace programs in public and private sectors, especially components that focus on motivating and equipping workers who are parents and guardians to engage in early and useful discussion and limit-setting with children/teens on norms of abstinence and delay of sexual debut.

In addition to contributing to PEPFAR annual and cumulative targets, long-term results of the HSPH project will be the establishment of a sustainable integrated system supporting rigorous, measurable peer education that increases the amount and quality of social interactions and skills acquisition concerning norms, traditions, and behaviors that will help reduce the transmission of HIV.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7293

Related Activity: 13384, 13385, 13386

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22602	2934.22602.09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	9736	227.09	ASPH Cooperative Agreement	$0
7293	2934.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4368	227.07	ASPH Cooperative Agreement	$260,000
2934	2934.06	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	2635	227.06	ASPH Cooperative Agreement	$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13384	3835.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$600,000
13385	2932.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$300,000
13386	2933.08	6459	227.08	ASPH Cooperative Agreement	Association of Schools of Public Health	$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	200	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	45	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	2,639	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5,689	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Religious Leaders

Teachers

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Mpumalanga

Western Cape

Limpopo (Northern)

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2809.08

Mechanism: Twinning Project

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 7928.08

Planned Funds: $780,000

Activity System ID: 13382

Activity Narrative: SUMMARY:

The American International Health Alliance (AIHA) will conduct activities to support strengthening national and organizational policies and systems to address human resource capacity development through two major activities: twinning and volunteers. The first twinning activity is a partnership to develop nurse case manager systems in four selected ARV sites located in Gauteng province. The second twinning activity is building capacity for TB/HIV integration policy, program, and training. The volunteer activity will result in placing public health specialists in primary healthcare clinics in Gauteng province to help develop those clinics' capacities to deliver high-quality HIV care. The primary emphasis areas for the twinning and volunteer activities is local organization capacity development and the minor emphasis areas are training, human resources, and quality assurance, quality improvement and supportive supervision. The specific target populations for these activities are public and private healthcare providers and host country government policy makers.

BACKGROUND:

The two twinning partnerships continue and build upon activities that began in July 2007, through an existing collaborative relationship between FPD and AIHA and our experience in HIV/TB management, which developed during a Twinning Center-facilitated partnership between FPD and Brits District Hospital cross reference. The twinning activities are implemented through a sub-grant to either one or both partners, with partnership development, management and evaluation provided by the Twinning Center. The Twinning Center South Africa Regional Office will manage, monitor and evaluate the volunteer activities.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will take place as a result of this partnership:

ACTIVITY 1: TB/HIV

Building on the accomplishments of the partnership in FY 2007, AIHA will support scaling up opportunities in TB/HIV, focusing on the development of a model TB/HIV Center to be housed at a TBD university in South Africa, such as the University of Free State, with technical assistance from local TB/HIV research centers such as CHSR&D, with the goal to support the South African National Department of Health (NDOH) and provincial DOHs with various training and capacity building activities. The US partner will work with South African stakeholders from the university, national and provincial DOH, and other identified stakeholders to asses the feasibility of implementing a model center(s), using experts from US TB/HIV centers as technical consultants, and determine the needs and priority areas for the partnership. It is anticipated that this will result in a proposal outlining the steps necessary for the development and management of a model TB/HIV center. Included in this assessment will likely be feasibility studies, exchanges, identification of center goals, recommendations regarding center management and staffing, and identification of collaborative funding opportunities The partnership will also create links between model TB and HIV centers in the US, particularly the Regional Tuberculosis Training and Medical Consultation Centers regions of the US, and the regional AIDS Education and Treatment Centers in order to develop the centers' programs, which may include clinical training, mentoring and medical consultation (programs to be defined based on needs assessment. Linking South African universities with experience in the social science aspect of TB with model TB and HIV Centers in the US, which are more focused in the provision of clinical services and training, will provide this partnership with the necessary resources and technical assistance for the development of a model National TB/HIV Center.

ACTIVITY 2: Nurse Case Management

The second twinning partnership is between University of California-San Francisco School of Nursing and FPD. The aim of this partnership is to develop nursing case management systems in four selected clinics, and this will garner support for this approach within the nursing profession.

The objectives of this partnership are:
1. Train a cadre of nurses, nurse leaders, nurse educators and key clinic management personnel from selected clinics, associations, and schools in HIV nursing case management;
2. Implement HIV nursing case management in selected ARV clinics identified by FPD and USG;
3. Create organizational and management support for nursing case management systems;
4. Implement a training/mentoring model of "nurses supporting nurses" to institute and support HIV nursing case management and to expand the model to additional clinics/down referral sites; and
5. Develop an HIV Nursing Case Management Module to use for in-service training of nurses and hospital and clinic management personnel.

These twinning activities support effective and efficient case management in selected clinics, and training on nursing case management is incorporated into in-service/continuing education course offerings. Both of these outputs contribute to improved quality of HIV care by South African nurses. In the first year of the partnership, it is developing and implementing a training/mentoring model of "nurses supporting nurses", focusing on HIV-nursing case management, that will reach about 30 nurses. In the second year, the partnership will expand the model to additional clinics/down referral sites, training about 80 nurses. In addition, the HIV Nursing Case Management Module for in-service training for nurses and hospital/clinic management personnel, piloted in the first year, will be expanded in FY 2008. As a result, effective and efficient case management will be cascaded to other clinics and the HIV Nursing Case Management Module will be added to in-service/continuing education course offerings to reach a wider nurse audience.

ACTIVITY 3: Volunteer Health Care Corps

The Twinning Center will place up to six public health specialists (physicians and nurses) for up to three months in selected primary care clinics in Gauteng province. This activity complements the current volunteer recruitment and placement activities in KwaZulu-Natal, North West, Northern Cape and Mpumalanga. Depending on the capacity and needs at the identified sites, volunteers will be assigned to work in just one clinic for the entire time, or to rotate between clinics in a designated area. The volunteers are expected to support at least five health professionals per site. The volunteers will quickly determine the

Activity Narrative: training and systems management gaps at the clinics and help find solutions to fill the gaps, provide training and ongoing mentoring to staff, help to cement relationships between the hospitals and the down-referral sites, ensure that supplies and systems are in place to handle an increased patient load, and provide encouragement and support to clinic staff. The volunteer activities are expected to increase the knowledge and expand the skills of health-care professionals in primary care clinics who deliver HIV services. The volunteer activities will contribute to the implementation of functional down-referral systems. It is also expected that the volunteers will continue to provide technical assistance, via electronic and telephone communication, to their host clinics after their return to the U.S.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7928

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22597	7928.22597.09	HHS/Health Resources Services Administration	American International Health Alliance	9734	2809.09	Twinning Project	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	27	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	27	False
14.3 Number of individuals trained in HIV-related policy development	480	False
14.4 Number of individuals trained in HIV-related institutional capacity building	480	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

Northern Cape

North-West

Free State

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 460.08

Mechanism: SA AIDS Conference

Prime Partner: Dira Sengwe

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: 3012.08

Planned Funds: $25,000

Activity System ID: 13762

Activity Narrative: SUMMARY:

Dira Sengwe will provide support for the 4th South African AIDS Conference in April 2009. The conference will bring together scientists, government health workers, and religious, private sector, and civil society leaders to promote a dialogue among all partners involved in HIV and AIDS throughout South Africa. Emphasis areas include the development of network/linkages/referral systems, infrastructure, and local organization capacity development. Host country government workers, public and private health care providers, USG staff and local groups and organizations are key target groups.

BACKGROUND:

Dira Sengwe has used PEPFAR funds to support the 2nd and 3rd South African AIDS Conferences. As part of this financial support, the USG PEPFAR Task Force has been allocated a satellite session before the meeting and a half-day session during the conference, which generated substantial and favorable publicity for PEPFAR in South Africa. FY 2008 funds will be obligated during FY 2008 to support the planning and implementation of the June 2009 meeting.

ACTIVITIES AND EXPECTED RESULTS:

In addition to supporting this national meeting, sponsors are also invited to convene satellite sessions before the conference officially begins and are provided space for a series of workshops or symposia during the conference. The conference will provide an opportunity to examine the achievements and challenges in providing effective and efficient HIV prevention, care, and treatment services and assist in developing a future direction for the national response to HIV. Dira Sengwe estimates that 300 organizations will attend the conference.

The conference will contribute to the five-year strategic plan for South Africa and the overall PEPFAR objectives by strengthening information and the knowledge base of healthcare providers throughout the country of ongoing efforts, lessons learned, and future directions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7310

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23627	3012.23627.09	HHS/Centers for Disease Control & Prevention	Dira Sengwe	10251	460.09	SA AIDS Conference	$0
7310	3012.07	HHS/Centers for Disease Control & Prevention	Dira Sengwe	4373	460.07	SA AIDS Conference	$0
3012	3012.06	HHS/Centers for Disease Control & Prevention	Dira Sengwe	2668	460.06	SA AIDS Conference	$25,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4645.08

Mechanism: Global HIV/AIDS Nursing Capacity Building Program

Prime Partner: Georgetown University

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 7950.08

Planned Funds: $500,000

Activity System ID: 13756

Activity Narrative: SUMMARY:

Nurses SOAR! (formerly known as the Global HIV and AIDS Nursing Capacity Building Program), is an ongoing three year program to strengthen the leadership, education and clinical capacity of nurses to provide HIV and AIDS services to those infected, or affected by, HIV and AIDS. Nurses SOAR! works in close partnership with Ministries of Health and other stakeholders and PEPFAR in-country teams. The program is currently active in South Africa and Lesotho. Scale-up to Swaziland is expected in FY 2008.

BACKGROUND:

Needs assessments during FY 2007 in South Africa with in-country nurses, other stakeholders and partners strongly directed this program to initially focus its work in KwaZulu-Natal (KZN) province. Additionally, the need for nursing curricula and national standards for South African nurses caring for persons with HIV and AIDS led to initiating collaborative activities with the South African Nursing Council (SANC), the Universities of KZN and Zululand, and in-country/region organizations (some PEPFAR supported). Nurses SOAR! is active with national partners (such as the SA-based Foundation for Professional Development - FPD, and SADC AIDS Network of Nurses and Midwives – SANNAM). The Anglican Diocese of Johannesburg has engaged Nurses SOAR! to capacity build for VCT and ARV delivery; these activities will maximize collaboration with PEPFAR partners and provide opportunities for Nurses SOAR! to scale-up nationally. During FY 2008 and 2009, Nurses SOAR! will continue to build capacity within national nursing entities while strengthening regional nurse capacity in KZN, Lesotho and Swaziland.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Needs Assessment

After permission to be active in-country was gained in January 2007, a comprehensive needs assessment of the capacity to provide HIV and AIDS nursing leadership, clinical care, and education was the initial activity completed at each selected site. These data provided specific priorities for HIV and AIDS nursing capacity building activities (at pre-service and in-service levels) to improve the HIV and AIDS prevention, care, and treatment for South Africans. During FY 2007, 10 nurse faculty, 10 nurse managers, 50 clinical nurses and approximately 30 other stakeholders (e.g., SANC leaders) were engaged in the process (over 20 organizations involved). In FY 2008 and FY 2009, needs assessment data will be collected at each additional program site to guide training plan development. Activities 2 and 3 address the findings of the needs assessment.

ACTIVITY 2: Capacity Development by Systems Strengthening

This activity consists of four components:

i) Leadership activities have been designed to develop a critical mass of nurse leaders who can provide leadership in the AIDS pandemic and bring voice to the profession that highlights the nursing contributions to the African response. The program mentors a cadre of nurses committed to HIV and AIDS care, developing and implementing individualized plans for professional leadership development. Activities focus on communication, policy development, and strategic planning for the delivery of HIV and AIDS services (improving outcomes of care at the local, national, and regional levels). Nurses SOAR! engaged others working in this area (see activity 3). Currently, Nurses SOAR! is working with 20 nurses at all professional levels. In FY 2008, the cadre will increase to approximately 40 nurses, and in
FY 2009, to approximately 70 nurse leaders.
ii) Education: this component a) enhances efforts to integrate HIV and AIDS educational content into the local and national nursing curricula; and b) builds the HIV and AIDS knowledge base of clinical nurses and nurse tutors building on prior activities by partners (e.g. Foundation for Professional Development – FPD). Activities included a) didactic HIV/AIDS trainings; b) inserting HIV and AIDS content into nursing curricula, classroom instruction, and clinical education (at colleges and universities); c) collaborating with the SANC to integrate nursing standards into pre-service training and post basic education in HIV and AIDS prevention, care, and treatment. In FY 2007, approximately 150 nurses or nurses in training received such support. In FY 2008, this will increase to 400, and Nurses SOAR will support the scholarly development of nursing faculty to increase their contribution to the South African HIV and AIDS literature. South African nursing faculty expressed a need for support in conducting their research. Finally, great interest was shown by the SANC to incorporate HIV and AIDS into the national curricula. However, due to managerial changes at the Council, efforts have been slowed. Efforts will be made in FY 2008 to accelerate the integration of HIV and AIDS content into pre-service education, and in FY 2009 to consider the development of a post-basic education for primary care nurses and effective evaluation of nurse competencies.
iii) Mentoring: Nurses SOAR! utilized clinical nurse experts from Southern Africa and North America to serve as mentors that provided targeted on-site clinical precepting. Nurses, nurse tutors and the nurse tutor/student dyad were mentored in the application of didactic knowledge to real life clinical settings to improve delivery and outcomes of nursing care. Activities included working one-on-one with the clinical nurses and the nurse tutors/dyads in their work settings. In FY 2007, approximately 20 nurses were mentored. In FY 2008 and FY 2009, the number of nurses engaged in the program will significantly increase.
iv) Nurse Retention: Nurses SOAR! also focused on building nursing capacity by addressing the health and well-being of current and future nurses. Activities included reducing nurse morbidity from exposure to AIDS-related multiple loss and grief by conducting uniquely designed Loss & Grief retreats. Local religious and spiritual leaders were engaged to build a sustainable program to address the continued burden of grief and multiple loss issues of nurses that contributes to nurse burnout and migration. The program also supports HIV-infected nurses to encourage their access to appropriate support, care and treatment. Maintaining the health and wellbeing of nurses requires the reduction of stigma and establishing a confidential support system. Nurses SOAR! has engaged 29 nurses in the Loss & Grief program; it is expected that 150 nurses will participate in FY 2008 and 250 nurses in FY 2009.

ACTIVITY 3: Capacity Development by Partnership and Network Development

The Program facilitates partnerships, collaborative systems, networks, and resources that build and sustain a nursing workforce to meet the increasing need for nurses to deliver quality HIV and AIDS prevention,

Activity Narrative: care, and treatment services. The Georgetown team, and its partners the US Association of Nurses in AIDS Care (ANAC) and the University of Incarnate Word (UIW), collaborate with key stakeholders such as SANC, SANNAM, the Universities of KZN and Zululand, and other partners currently working in nurse development such FPD. These relationships assure that the Nurses SOAR! Program is an 'additive' program, filling high-priority gaps in nurse capacity building and strengthening networks by a) facilitating the creation of a professional network of nurses who deliver HIV and AIDS services; b) establishing a train-the-trainer (TOT) network to provide on-going HIV and AIDS clinical mentoring for all levels of nursing; c) fostering focused professional development and d) facilitating collegial relationships between nurse leaders, clinicians, educators, and nurse mentors to enhance the quality of HIV and AIDS care.

FY 2008 COP activities will be expanded to include: down referral clinical sites that feed into the St Mary's Hospital site (Mariannhill); nurse training support to the nurses delivering HIV and AIDS prevention, care, and treatment services in the Mtubatuba rural area in KZN and in northern KZN (partner: Catholic Medical Mission Board); nurse training support to the nurses delivering HIV and AIDS prevention, care, and treatment services in Johannesburg (partner: the Anglican Bishop of Johannesburg); nursing association technical assistance services for South African professional nurses; building academic capacity building with nurse educators at the University of KZN to integrate HIV and AIDS content into graduate curricula, increase HIV and AIDS nursing research, and disseminate HIV and AIDS data; extending nurse leadership skills building to a second cadre of nurse leaders; increasing the caregiver support for HIV-infected nurses; and extending the clinical mentoring to develop nurse experts in palliative care, pediatric HIV and AIDS, and midwifery (including prevention of mother to child transmission).

Prevention: Although the program's main technical area is not 'prevention', its work very closely supports and facilitates increased prevention activities. The main prevention areas currently addressed are a) the occupational transmission of HIV in the clinical setting; b) the upgrading of tutors' knowledge, nursing curricula and effective teaching methods to assure that students integrate HIV prevention messages into their clinical practice and c) an emphasis of the role of all nurses in reinforcing prevention messages for vulnerable young adults (including tutor messages for nursing students).

Gender Issues: The Nurses SOAR! Program focuses on nurses, who are predominately female. The needs assessment data identified several training topics influenced by gender inequalities. Nurses requested training in empowering female nurses in professional interactions with male colleagues (e.g. usually female nurses and male physicians). They also requested strategies for including males in the "family-centered" provision of HIV and AIDS prevention, care and treatment services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7950

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22964	7950.22964.09	HHS/Health Resources Services Administration	Georgetown University	9842	4645.09	Global HIV/AIDS Nursing Capacity Building Program	$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	17	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	17	False
14.3 Number of individuals trained in HIV-related policy development	70	False
14.4 Number of individuals trained in HIV-related institutional capacity building	700	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	700	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	250	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

KwaZulu-Natal

Gauteng

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2808.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3335.08

Activity System ID: 13869

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: $1,370,000

Activity Narrative: SUMMARY:

I-TECH activities are currently carried out to support sustainability of HIV, AIDS, TB and STI care and treatment programming in the Eastern Cape (EC) province through four components: 1) establishing I-TECH field offices in South Africa (SA); 2) providing organizational development and human capacity building technical assistance (TA) up to three Regional Training Centers (RTC); 3) supporting the EC Department of Health (ECDOH) HIV and AIDS program; These activities are continued in FY 2008. The primary emphasis area for these activities is local organization capacity building. Strategic information and human capacity development are secondary emphasis areas. The primary target population is a non-governmental organization.

BACKGROUND:

I-TECH has been working in the EC since 2003 to develop the capacity of the RTC to train/mentor clinicians in the care and treatment of HIV, AIDS, TB and STI. The majority of activities described here (exceptions include expansion activities) were first funded between FY 2003 and FY 2007. I-TECH established an office in the EC beginning January 2007, is collaborating with other EC PEPFAR partners, and has/will conduct field assessments of TA needs with 16 EC PEPFAR partners to identify programmatic TA activities which could be supported by I-TECH. I-TECH is working in SA at the invitation of the ECDOH, and its activities are supported by the NDOH HIV/AIDS Directorate. All activities described under this program area with the exception of TA related to the development of clinical care information systems will be implemented by the primary partner. TA related to clinical care information systems will be implemented by the primary partner and its subcontractor, UCSD Owen Clinic.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Technical assistance to NDOH Human Resource Department (HRD) to develop Regional Training Centres (RTC) nationally

I-TECH as part of its HCD program will assist the National Department of Health HRD responsible for the establishment and monitoring of RTC in each province to develop policies and guidelines to strengthen provincial RTCs and improve the quality of HIV/AIDS/STI/TB (HAST) training programs. I-TECH will also work with the national department to develop tools to monitor the quality of services rendered by these RTCs, identify provincial RTCs in need of technical support and develop a plan of action to assist those identified.

ACTIVITY 2: TA to Mpumalanga RTC

I-TECH will assist the Mpumalanga and Limpopo RTC in:

-Developing policies and guidelines and a governance structure for the RTC.
-Develop capacity of RTC staff in developing assessment tools to assess training needs of health care providers in the province
-Develop the capacity of RTC staff in developing yearly HAST training plans for the province and conducting quarterly reviews of training and develop skills of RTC and district training staff to monitor quality of training programs
-Develop skills of RTC staff in curriculum development and integration of new national and international guidelines into existing curricula and seeking accreditation with SAQA
-Develop capacity of RTC staff to track, monitor and assess HAST training done by other NGO within the province
-Develop capacity of RTC and other district trainers to monitor quality of training and assessment of skills transfer.
-Develop facilitation skills of district trainers in Mpumalanga, Eastern Cape and Limpopo provinces
-Development and production of HAST training manuals for accredited training
-Purchase of teaching aids such as data projectors, lap tops, demonstration models and other visual aids to be used by the RTC to train health care workers

ACTIVITY 3. Development of training and facilitation skills of trainers

I-TECH will develop capacity of district and RTC trainers to ensure a pool of qualified trainers are available in each of these provinces (Mpumalanga, Eastern Cape and Limpopo) to continue developing capacity of health care workers. These training programs will utilize a variety of training techniques to ensure transfer of skills. These trainings will also include the techniques on assessing training programs. For this activity I-TECH will utilize the services of a local service provider accredited to conduct such trainings.

Activity 4. Prevention with Positives
I-Tech will develop capacity of trainers at the Regional Training Centre in 3 provinces (Mpumalanga, Eastern Cape and Limpopo Provinces) to integrate Prevention with Positive for PLHIV into the HIV and AIDS training curriculum and content material for both health care professionals and lay health care workers. This integrated curriculum will ensure that HIV and AIDS training programs are updated with messages and programs on Prevention with Positives

Activity 5
I-TECH will also train the trainers of all three RTCs on prevention with positives, develop their skills to impart these trainings to others and mentor them on conducting the actual training.
I-TECH will also assist the RTCs in developing and disseminating quick reference guides on Prevention with Positives to be used by health care providers and lay health care workers in all settings (i.e. facility, community and home based settings). These quick reference guides will serve as prompt tools for health care providers and lay health care workers.

Through development of capacity of RTC to increase the pool of competent health care workers to deliver quality HIV and AIDS services and thus increasing access to a much wider population in need of these services, I-TECH will contribute to reaching PEPFAR's 2-7-10 goals.

Activity Narrative: SUMMARY:

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7492

Related Activity: 13867, 13868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22683	3335.22683.09	HHS/Health Resources Services Administration	University of Washington	9761	2808.09	I-TECH	$2,118,999
7492	3335.07	HHS/Health Resources Services Administration	University of Washington	4439	2808.07	University of Washington/I-TECH	$600,000
3335	3335.06	HHS/Health Resources Services Administration	University of Washington	2808	2808.06		$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13867	12464.08	6637	2808.08	I-TECH	University of Washington	$679,000
13868	3334.08	6637	2808.08	I-TECH	University of Washington	$2,455,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	4	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	12	False
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern Cape

Limpopo (Northern)

Mpumalanga

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1201.08

Mechanism: QAP

Prime Partner: University Research Corporation, LLC

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: 13876.08

Planned Funds: $727,500

Activity System ID: 13876

Activity Narrative: SUMMARY:

Through introduction of quality assurance (QA) tools and approaches and practical work, University Research Co., LLC/Quality Assurance Project (URC/QAP) will train 600 staff members of PEPFAR partners to gain a better understanding of quality improvement and quality assurance tools and approaches. Emphasis will be put on practical application of the quality assurance and improvement concepts in HIV/AIDS care, support and treatment settings. The training will also look at quality improvement and how its links with overall system strengthening activities. The training will seek to improve the quality of PEPFAR programs in general and HIV and AIDS programs in particular.

The essential elements of QA include technical compliance with evidence-based norms and standards, interpersonal communication and counseling and increasing organizational efficiency. The major emphasis areas for this activity are QA and supportive supervision, with minor emphasis on development of networks, linkages, referral systems, training and needs assessment. The target populations include policy makers, public and private healthcare workers, community-based organizations (CBOs), and NGOs.

BACKGROUND:

This is a new activity, initiated at the request of the South African USAID mission and various PEPFAR partners. The Quality Assurance Project (URC/QAP) has been working with the National and provincial Departments of Health in South Africa since 2000 on improving the quality of health services. Over the years, URC/QAP has successfully tested various interventions for improving and assuring quality of healthcare services. Since 2004, URC/QAP has assisted DOH facility staff in five provinces in applying these same tools and approaches for improving the uptake and quality of HIV and AIDS services. Currently, URC/QAP is supporting HIV and AIDS programs in 120 healthcare facilities in five provinces as well as two community-based organizations. The use of QA/QI tools and approaches have helped facility teams in integrating services (HIV testing with antenatal care program, TB and HIV integration among others), enhancing quality (increasing compliance of healthcare workers with national guidelines and patients/caregivers with treatment regimens). This has resulted in increased uptake of services as well as improved treatment outcomes. URC/QAP has conducted a number of studies to evaluate the impact of the use of QA/QI models on various services (neonatal health, TB, etc. over the past two years). These studies have highlighted both improvements in patient outcomes as well as program sustainability.

In order to broaden the reach of the QA/QI model, which has been integrated within the South African Government DOH QA Program, many USG partners have requested QA/QI training to improve the quality of their respective HIV/AIDS prevention, care and treatment programs

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008, URC/QAP has been requested to implement a QA training program for up to 600 staff members of 20 PEPFAR partners to improve the theoretical and practical understanding of quality improvement. These partners will be identified in consultation with USG. It is envisioned that this training will be designed for PEPFAR partners who work in public health facilities and who request the QA/QI training.

ACTIVITY 1: Identify PEPFAR Partners for Capacity Building

This activity was initiated at the request of the South African USAID mission and various PEPFAR partners. An assessment will be done to identify PEPFAR partners who work in public health facilities and who request the QA/QI training. URC/QAP will work with USG partners to identify who all should participate in the QA/QI training program.

ACTIVITY 2: Finalize training package

URC/QAP will conduct a rapid needs assessment of various partners for QA/QI training. Based on the assessment results, URC/QAP will design targeted training for various types of partners (clinic, community, faith-based etc.). The focus of training will reflect clinical or community-based interventions implemented by targeted partners. The training will include the following key elements:

-Basic QA/QI principles
-Integrating QA/QI in clinical settings
-Integrating QA/QI in community-based settings
-Monitoring quality of clinical and community-based services
-Tools for improving quality of services
-Plan-Do-Study-Act
-Story-boarding for dissemination of results

ACTIVITY 3: Conduct Training

URC/QAP will conduct training sessions for the PEPFAR partner staff. Each course will last 3 days in and will not include more than 30 participants. The training programs will be interactive and participants will use case studies for learning various QA/QI tools. URC/QAP training will also facilitate linkages between different organizations by emphasizing training and compliance of facility staff with national guidelines and implementing quality improvement plans including process re-design, integration of services, and enhancement of network development with CBOs to improve referral patterns. URC/QAP staff will emphasize the strengthening of referral networks and URC/QAP staff will demonstrate that promoting integration of services at the facility level ensures the development of links between services such as sexually transmitted infections, family planning and VCT, promoting holistic care. It is envisaged this will serve to identify and strengthen existing networks; highlight gaps in the quality of services provided; and provide information about the feasibility of incorporating relatively rapid QA approaches into ongoing routine health care programs.

ACTIVITY 4: Follow-up Support

URC/QAP will assist the partner staff to develop a strategic plan for improving the quality of specific HIV

Activity Narrative: and AIDS services. Interventions will include: (1) use of QA tools to improve compliance with national and provincial guidelines; (2) re-design of clinical processes to improve patient flow and service times; and (3) train QI teams to analyze their performance and compliance in relation to standard indicators. URC/QAP will at least visit each partner organization once or twice in a year to provide hands on TA in improving the quality of services. All partner staff supporting specific HIV and AIDS programs will be capacitated to ensure that programs are in compliance with the national guidelines and to assess compliance with quality assurance standards and other key performance indicators. URC/QAP will also be involved in training district and facility-level supervisors in QA methods and development of supervision techniques to improve the sustainability of QA within HIV and AIDS programs The training will be done in collaboration with NDOH staff, to ensure accountability and long-term sustainability of the program URC/QAP staff will also capacitate organizations to train other members of staff with their "train-the-trainer" program, where at least 2 members of each organization will be invited to attend an extended QA/QI training workshop. This will ensure transfer of skills & capacity building of local organizations.

URC/QAP will contribute to 2-7-10 PEPFAR goals by providing care services to 10 million. The activities also support the USG strategy for South Africa by collaborating closely with the DOH to improve access to and improve the quality of basic care and support.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13871, 13872, 13873, 13874, 13875

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13871	3111.08	6639	1201.08	QAP	University Research Corporation, LLC	$485,000
13872	3109.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,000,000
13873	3110.08	6639	1201.08	QAP	University Research Corporation, LLC	$751,750
13874	3114.08	6639	1201.08	QAP	University Research Corporation, LLC	$446,200
13875	3108.08	6639	1201.08	QAP	University Research Corporation, LLC	$1,463,800

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	1,100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 274.08 **Mechanism:** Masibambisane 1

Prime Partner: South African Military Health Service **USG Agency:** Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 7916.08

Planned Funds: $50,000

Activity System ID: 13830

Activity Narrative: SUMMARY:

The main components of this program area are planning and coordinating workshops for all the relevant role players, and building the capacity of those role players to strengthen this program. Most of the training provided within the South African Department of Defense (SA DOD) HIV and AIDS Training program has been developed internally by utilizing the knowledge and skills of members in the organization. Training development workshops are now needed to update training content. The major emphasis areas of these activities are policy and guidelines and training. The target population is public healthcare workers.

BACKGROUND:

The Masibambisane program was established in 2001, and has received PEPFAR funding from FY 2004. It is an integrated prevention, care and treatment program in the SADOD, addressing the management of HIV and AIDS within the Department by interventions that target SADOD personnel and their dependants. The prevention programs include mass awareness; workplace programs with condom distribution through condom containers in military units and sickbays (container supplies monitored by workplace managers); information, education and training; gender equity and substance abuse programs delivered by social workers, psychologists, occupational therapists, peers and peer educators. The program uses communication and education through a wide range of media such as pamphlets, posters, industrial theater (dramatic plays that address coping with stigma and discrimination in the workplace) and videos.
The funding allowed the program to expand and to address program elements that were not possible before. The program currently consists of seven generic disease processes each with various projects and sub-projects, namely: prevention, promotion, diagnostics, treatment, rehabilitation, palliative care, research and development. These are managed by the HIV and AIDS management structure in the office of the Surgeon General with the Director HIV and AIDS, advisory board, coordinating committee and regional program managers in each province and each military hospital. The SA DOD HIV and AIDS Management Structure that facilitate program development, planning, execution, monitoring and evaluation. As the program expands, various additional role players (new personnel that are coming onto the program, e.g. doctors, nurses, psychologists, social workers, and nurses) become involved that need to be provided with induction training, and existing role players need to be provided with strategic guidance towards comprehensive planning and effective coordination to ensure an integrated approach to HIV an AIDS management in the SA DOD. This is done through workshops and training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

SA DOD will conduct training for regional and national SA DOD HIV coordinators and sub-program and project coordinators in the strategic objectives of the program. This training will consist of a workshop that reviews the results of the Knowledge, Attitude, and Practices (KAP) study and discusses strengths and weaknesses of the program to help plan for the following year's activities.

ACTIVITY 2:

SA DOD will conduct strategic and operational planning work sessions to ensure integrated program development and coordinated execution of program elements (e.g. PEPFAR M&E training which members of SA DOD attend and then cascade to other regional coordinators). These work sessions will be led by the Monitoring and Evaluation (M&E) Director at South Africa Military Health Services. Representatives from all provinces that collect data will be invited to participate. The sessions will address strengths and weaknesses of the M&E processes and will include training in new M&E activities and guidelines issued by PEPFAR.

ACTIVITY 3:

SA DOD will hold training development workshops to assist in the establishment of new HIV-related training courses and updating of training contents in existing HIV-related training curricula for SA DOD. Training development will include courses specifically targeted at mid- and upper-level leadership concerning the prevention of and identification and remediation of stigma and discrimination in the workplace.

A number of training opportunities and workshops have been funded since the inception of PEPFAR and these opportunities have contributed to the success of the Masibambisane program. The Masibambisane program is implemented through a cascade of national and regional program coordinators, trainers and sub-program and project coordinators. These individuals are responsible for the development, planning and execution of the program to address all the components necessary to ensure a comprehensive HIV and AIDS Program in the South Africa Department of Defense, thereby supporting accomplishment of the PEPFAR 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7916

Related Activity: 13822, 13823, 13824, 13825, 13826, 13827, 13828, 13829

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22790	7916.22790.09	Department of Defense	South African Military Health Service	9794	274.09	Masibambisane 1	$48,545

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13822	8049.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13823	2977.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13824	2978.08	6625	274.08	Masibambisane 1	South African Military Health Service	$275,000
13825	2979.08	6625	274.08	Masibambisane 1	South African Military Health Service	$100,000
13827	2982.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000
13828	3339.08	6625	274.08	Masibambisane 1	South African Military Health Service	$125,000
13829	2981.08	6625	274.08	Masibambisane 1	South African Military Health Service	$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	N/A	True
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	55	False
14.4 Number of individuals trained in HIV-related institutional capacity building	55	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	55	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	55	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Eastern Cape
Free State
Gauteng
KwaZulu-Natal
Limpopo (Northern)
Mpumalanga
Northern Cape
North-West
Western Cape

HVMS - Management and Staffing

Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15

Total Planned Funding for Program Area: $22,531,718

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

Program Area Context:

HIV and AIDS continue to be the number one priority for the US Mission in South Africa. Managing and coordinating the implementation of the PEPFAR program in South Africa is the responsibility of an Inter-Agency USG PEPFAR Task Force which includes representation from the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (HHS/CDC), the United States Agency for International Development (USAID), the Department of Defense (DOD), Peace Corps, and the Department of State. These represent all relevant USG Agencies present in South Africa working on global health. The primary objectives of the Task Force are to: 1) advise the Ambassador and other US Embassy leadership on all matters related to HIV and AIDS in South Africa; 2) plan the overall USG response to HIV and AIDS in South Africa; 3) coordinate USG-supported HIV and AIDS prevention, treatment and care activities with the South African Government (SAG); and 4) ensure that USG activities are consistent with guidance from the Office of the Global AIDS Coordinator (OGAC).

Central features of the South African PEPFAR management and staffing plan are: 1) an effective Inter-Agency Task Force that meets regularly to guide the U.S. Mission in developing and implementing a coordinated USG HIV and AIDS program; and 2) a Secretariat that facilitates the communication, coordination, and planning necessary for effective Task Force deliberations and actions. This helps assure successful, uniform messaging to all stakeholders. Given the growth in budget and staffing, an Inter-Agency Management Committee meets on a regular basis to give policy direction, approve new partner selection, provide assistance in (the rare) cases when the Task Force needs help in reaching consensus, and review budget and staffing decisions regarding USG HIV and AIDS activities in South Africa. Its membership is a Department of State representative, senior leadership of USAID and CDC, representatives of Peace Corps and DOD and the Health Attaché.

The USG Country Team made significant progress this year in implementing a management and staffing plan through Staffing for Results. The interagency management team meticulously reviewed the South Africa PEPFAR staffing and management situation through focus group and individual agency interviews and group discussions. The management team posed four key questions in each meeting: 1) What are the staffing needs – how many and what new staff will be recruited in coming years? 2) How can we improve efficiency of PEPFAR management? 3) How can we improve technical oversight of partners? and 4) How can we improve administrative oversight? Improving efficiency is essential, because South Africa's rapidly expanding PEPFAR budget stands in stark contrast to the Embassy's limited potential to hire USG staff due to security and space constraints. For FY 2008, the M&S budget for South PEPFAR is 4% of the total budget.

Key recommendations were developed during the Staffing for Results exercise as follows:

1) New staffing positions were identified (described in detail, below).
2) The number of SA Technical Working Groups (TWG) was reduced from 15 to 6 to decrease the amount of time professional staff members spend in meetings.
3) A new contract will be developed to monitor and evaluate administrative and technical quality through site visits. The contract (QMAP) will be managed by HHS/CDC but serve all agencies.
4) Positions for individuals working outside of the headquarters of implementing agencies were identified and include staff to be placed: (a) in the Durban and in Cape Town Consulates; (b) within the South African Government (SAG) to provide technical assistance; and (c) within six provinces in order to coordinate the nationally-dispersed PEFPAR activities. Note that Gauteng, Durban and Cape Town were not included because of the USG presence in Consulates.

An additional recommendation was made to co-locate agencies. However, despite a high level of interest and lengthy discussions, no logistically feasible solution can be found at this time.

PEPFAR in South Africa will continue to operate as a single, integrated USG program, taking advantage of each Agency's individual comparative strengths, and promoting a culture of Inter-Agency collaboration. When an Agency possesses technical expertise it will take the lead, but in consultation with other Agencies through the local TWG that has been established by the Task Force. For example, USAID has technical staff with extensive experience in working with partners in the area of Orphans and Vulnerable Children (OVC). CDC, Peace Corps, and DOD also have assigned staff to assist in the OVC area. CDC has technical expertise in Lab work and is bringing together local stakeholders to work with NDOH to improve quality lab services. In other technical areas, such as treatment and prevention, which are the largest portfolios, the responsibilities are shared by both CDC and USAID, and technical guidance is coordinated through the TWGs. The TWGs ensure objectivity and breadth of vision, and build synergies between USG Agencies and partners. Standing TWGs include: 1) Care, PMTCT and CT; 2) Treatment, TB and Medical Transmission; 3) OVC, MC and Prevention; 4) Communications; 5) Strategic Information, Epidemiology, cross-cutting; and 6) Government and provincial coordination. Furthermore, several members of the Task Force in South Africa participate in the OGAC TWGs and liaise with Washington. This provides OGAC with input from the field, and also provides the SA program with input from central expertise.

In addition to the standing TWGs, the Task Force appoints ad hoc working groups to address issues as they arise. For example, to respond to the need to focus resources on Male Circumcision, the Task Force appointed a Male Circumcision TWG to design an appropriate strategy. The government and provincial coordination TWG was established to work closely with SAG to implement the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. Membership on the TWGs is always representative of multiple Agencies.

Finally, it is important to note that both USAID and HHS/CDC have invested in umbrella organizations that provide grants management, and financial and technical assistance to local grantees, thereby reducing the government cost of additional employee salaries.

The new staff positions are listed below, according to Program Area. The largest growth area will be in locally-employed (LES) more junior or administrative staff, with strong attention to orientation and training for LES. This focus is intended to reduce the administrative burden on senior technical staff and free them to do more high-level technical functions, such as oversight of partners, interaction with technical leadership of other organizations, sharing of knowledge base and best practices across partners, and strategic planning within their technical area. Hiring locally-employed staff will also contribute to long-term sustainability of the program.

MANAGEMENT:

CDC:
1. Program Officer ADS – LES
2. Secretary for OD – LES
3. Human Capacity Officer – LES
4. Grants Officer – USDH
5. Contracts Officer – USDH
6. Assistant Accountant – LES
7. Assistant Resource Manager – LES
8. Driver – LES
9. Extramural Coordinator – USDH
10. CoAg Assistant – LES
11. CoAg Assistant – LES
12. Computer Support – LES
13. Data Administrator – LES
14. Cape Town Liaison – LES
15. Durban Liaison – LES
16. Durban Admin Asst - LES

USAID:
1-2. Secretary x 2 - LES
3. Technical Writer – LES
4. Human Resources Assistant – LES
5. Financial Manager Assistant – LES
6. Cape Town Activity Manager – LES
7. Cape Town Admin Asst – LES
8-9. Provincial Coordinator x 6 – LES
10. HCD Advisor – USPSC

Peace Corps:
1. Volunteer Activity Support and Training (VAST) Coordinator

State Department (Small Grants):
1-4. Four part-time positions will be converted to four full-time positions.

Secretariat:
1. A Deputy Coordinator position has been added and the prior Program Assistant position has been changed to PEPFAR Specialist/COP Manager. Note that the prior Evaluation Officer position has been eliminated.

SI:

CDC:
1. Epidemiology Branch Chief – USDH
2. Program Assistant – LES
3. Surveillance Program – LES
4. Epidemiologist (NDOH) – LES
5. Statistician – LES
6. Statistician (NDOH) – LES

USAID:
1. GIS Mapping Advisor – LES
2. Program Assistant - LES

CARE AND TREATMENT:

CDC:
1. Public Health Analyst – USDH
2. CT/Care CoAg Assistant (Dept of Corrections) – LES
3. TB/HIV Advisor (NDOH) – LES
4. TB/HIV Clinical Officer – LES
5. Care/CT Coordinator – LES
6. Clinical Advisor (NDOH) – LES

USAID:
1. Nutritionist – LES
2. Program Assistant - LES

OVC:

USAID:
1. Community Network Advisor - LES

PREVENTION:

CDC:
1. Public Health Analyst – LES
2. Prevention Advisor – LES
3. PEPFAR Coordinator (NDOH) – LES
4. PMTCT Program Coordinator – LES
5. Youth Specialist – LES
6. Prevention and Medical Transmission Specialist – LES
7. PPP/Worksite Specialist – LES

USAID:
1. Program Assistant – LES
2. Program Assistant - LES

LAB:

CDC:

1. Lab Branch Chief – USDH
2. Program Officer – LES
3. Assistant Lab Training Coord – LES
4. Laboratory Scientist – US contractor

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1402.08
Mechanism: Emergency Plan Secretariat
Prime Partner: US Department of Health and Human Services
USG Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3121.08
Planned Funds: $962,418
Activity System ID: 13920

Activity Narrative: South Africa PEPFAR management is coordinated by a Secretariat that reports directly to the US Ambassador and is located in the International Health Office in the Chancery. The Secretariat serves as the central point for planning, communication and coordination on all PEPFAR-related tasks conducted in South Africa by the various USG Agencies, and in doing so, assures that all USG contributions to PEPFAR reflect the consensus of a united and dedicated USG team.

The Secretariat's roles include: 1) provide the US Ambassador and Mission leadership with information and guidance about PEPFAR; 2) coordinate the implementation of PEPFAR with the South African Government; 3) communicate with the Office of the Global AIDS Coordinator and coordinate preparation of the Country Operational Plan and other required reports; 4) prepare reports on issues related to PEPFAR activities in South Africa; 5) undertake programmatic and reporting activities to assure coordination and harmonization of USG Agencies' responses to audits and Congressional inquiries; 6) organize regularly scheduled meetings of the PEPFAR Task Force, keep records of all Task Force meetings, and circulate minutes to Task Force members and the South Africa Core Team at OGAC; 7) document any Inter-Agency Annual Program Statement (APS) and facilitate review and approval processes; 8) serve as a repository and clearinghouse for technical and programmatic information regarding HIV, AIDS, and PEPFAR; 9) assist in the preparation of speeches, articles and other communications regarding PEPFAR by USG representatives in South Africa; 10) assist the Mission's Public Affairs efforts in publicizing and promoting PEPFAR activities in South Africa, and provide public affairs support for implementing partners; 11) manage and maintain the South Africa PEPFAR website and photo gallery, allowing easy access to technical resources and information about PEPFAR in South Africa; 12) coordinate global health elements of the Mission Performance Plan; 13) assist in the organization of PEPFAR partner and technical meetings; 14) prepare and host VIP visits and audits; 15) collaborate with other major donor Agencies (e.g. European Union, Department for International Development/United Kingdom, UNAIDS and Belgian Technical Cooperation) to ensure programmatic synergies; and 16) attend meetings of SA Technical Working Groups and assist in preparation and circulation of minutes.

PEPFAR funds currently support the following staff positions: 1) PEPFAR Deputy Coordinator; 2) Office Assistant; and 3) one-half OMS position. PEPFAR funds will additionally support the following positions in the coming year: PEPFAR Specialist/COP Manager and Communications Specialist/Web Master. Recruitment for these positions has been completed and they are expected to be filled imminently. In addition, PEPFAR funds will support one-half of the Health Attaché position that is being filled on a temporary basis, but is anticipated to be permanently filled in upcoming months. Additionally, the State Department currently funds a PEPFAR Coordinator position and a Health Assistant position. PEPFAR funds also support a series of technical and partner meetings that may include: meetings with provincial governments; a portion of the national South African Aids Conference; the Annual PEPFAR Partners' Meeting; and technical meetings. An organogram detailing the HHS/OIH South Africa staffing pattern for PEPFAR is uploaded as a supporting document. In addition to salaries, benefits and travel costs, the management budget includes operating costs (such as utilities, administrative and logistic support, travel costs, office supplies, etc.), and may include other items related to PEPFAR support. The total HHS/OIH PEPFAR budget for staffing and associated management in FY 2008 is $962,418.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 7481
Related Activity: 14504, 14505, 14506

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22698	3121.22698.09	HHS/Office of the Secretary	US Department of Health and Human Services	9767	1402.09	Emergency Plan Secretariat	$956,561
7481	3121.07	HHS/Office of the Secretary	US Department of Health and Human Services	4435	1402.07	Emergency Plan Secretariat	$1,021,300
3121	3121.06	HHS/Office of the Secretary	US Department of Health and Human Services	2719	1402.06	Emergency Plan Secretariat	$790,530

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14504	14504.08	6652	1402.08	Emergency Plan Secretariat	US Department of Health and Human Services	$58,882

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 4021.08

Mechanism: Public Affairs

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 6377.08

Planned Funds: $200,000

Activity System ID: 13924

Activity Narrative: SUMMARY:

The Public Affairs Section of the U.S. Embassy in South Africa will carry out, with PEPFAR funding, targeted outreach to print and electronic media and the public in support of increased awareness of PEPFAR priorities, projects, and success stories.

BACKGROUND:

Public knowledge of and appreciation for the accomplishments of PEPFAR in South Africa remain lower than desired, due in part to media fatigue for HIV and AIDS issues, as well as limited USG resources, both budgetary and personnel, which have precluded the capacity to orchestrate a continuing nationwide media campaign. Though awareness and exposure have improved in FY 2007, more can be done in FY 2008 to ensure appropriate public appreciation for this unprecedented U.S. investment.

ACTIVITIES AND EXPECTED RESULTS:

A multi-media program of direct placements (paid and otherwise) in print and electronic media is an important means of increasing public awareness of PEPFAR activities in South Africa. As the large majority of South Africans receive their news via radio, this program would focus largely on the development and placement of radio programs around the country. In addition, the program would develop a series of print notices for placement in major newspapers, focusing on key PEPFAR themes and accomplishments, and featuring individuals benefiting from PEPFAR programs, supported by a special website where readers could learn more about PEPFAR and make comments. Finally, this program will support press participation in PEPFAR site visits, training programs, and other activities.

The Public Affairs section will request support to establish a baseline of public knowledge of PEPFAR in early FY 2008 via nationwide survey. (Note: this survey is neither a Public Affairs nor PEPFAR mechanism, but rather a recurring national survey conducted by the State Department's Office of Research. Public Affairs will request permission to incorporate survey content to assess knowledge of PEPFAR programs.) Follow-up focus groups and surveys will measure message penetration.

The Public Affairs Section will conduct programs for journalists and PEPFAR partners to educate them on PEPFAR as a whole and USG health policy and funding priorities in order to promote positive coverage of PEPFAR and expand public recognition and understanding of the program. The Public Affairs Section will also conduct other programs that support public diplomacy activities related to PEPFAR. Projected activities and outcomes include:
-Development and placement of PEPFAR program descriptions, success stories, personal histories, etc. in key national print outlets.
-Continuation of radio features and program profiles in selected provinces (to include KwaZulu-Natal, Gauteng, and Western Cape) to run on key community and commercial broadcasters.
-Targeted promotion of PEPFAR activities, including project launches, Ambassador's media events, and output announcements in regional print and broadcast outlets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7480

Related Activity: 14511, 14512, 14510

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22666	6377.22666.09	Department of State / African Affairs	US Department of State	9751	4021.09	Public Affairs	$388,374
7480	6377.07	Department of State / African Affairs	US Department of State	4434	4021.07	Public Affairs	$200,000
6377	6377.06	Department of State / African Affairs	US Department of State	4021	4021.06	Emergency Plan Secretariat	$165,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1401.08

Mechanism: Management 1

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 3120.08

Planned Funds: $9,123,000

Activity System ID: 13916

Activity Narrative: These funds support the management and staffing expenses of USAID/South Africa (USAID). The funds cover the costs of ongoing and new staff who provide technical, financial and contractual oversight of over 63 USAID partners implementing the PEPFAR program in South Africa. The total USAID PEPFAR management and staffing budget is $9,478,000 including ICASS estimated at $120,000 and the IRM tax which is estimated at $135,000. In FY 2007, USAID was responsible for the obligation and management of over $228 million in GHAI funds. In FY 2008 this amount will rise to over $332 million. In order to provide comprehensive administrative, technical and managerial oversight of the PEPFAR portfolio, USAID will recruit an additional 16 staff to work in the USAID office in Pretoria. Of these, it is anticipated that one will be an overseas hire, and the remainder locally recruited. Many of these positions will be filled by junior staff who will provide basic administrative support as they became more engaged in and knowledgeable about technical issues.

The USAID Health and PEPFAR Office was divided in three divisions to correspond loosely with technical working groups designated during the Staffing for Results exercise. Including the new hires, the Office staff will include approximately 23 professionals, who will manage an average $14 million each, and seven administrative and project assistants. While this dollar-to-staff ratio is relatively high, the country team has developed innovative mechanisms to strengthen management and oversight. These include the Umbrella Grant Management mechanisms and the new quality assurance program QMAP.

The Umbrella Grants Management agreement was designed at the beginning of PEPFAR to manage new and small partners. In FY 2007, the Umbrella Grants Management component was recompeted and three separate awards made to organizations to provide financial and administrative guidance and support to over 35 small organizations, thereby reducing USAID's management burden. Funding for the umbrella grants element is included in the individual program areas.

In addition to the technical staff, PEPFAR will support staff in support offices including the Contracting Office, Financial Management and Executive Office. Two headquarters-funded regional advisors, a legal advisor and a contracting officer also provide services to PEPFAR. In addition to technical staff who will serve within the Health and PEPFAR Team, USAID/South Africa will recruit additional support staff in the Executive, the Financial Management and the Contracting Offices who will work on PEPFAR programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7636

Related Activity: 13914, 13915, 13918, 14490, 14488, 14489, 14491, 13917

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22781	3120.22781.09	U.S. Agency for International Development	US Agency for International Development	9793	1401.09	Management 1	$8,853,227
7636	3120.07	U.S. Agency for International Development	US Agency for International Development	4500	1401.07	Management 1	$6,100,000
3120	3120.06	U.S. Agency for International Development	US Agency for International Development	2718	1401.06	Management 1	$7,840,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1071.08
Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6367.08
Planned Funds: $113,000
Activity System ID: 13929

Activity Narrative: A PEPFAR VAST (Volunteer Activity Support and Training) Coordinator, Program Assistant and driver will provide PEPFAR programmatic and training support to 150 Volunteers assigned to the Community HIV/AIDS Outreach Project and Schools and Community Resources Project. The Program Assistant will design and facilitate HIV/AIDS workshops. The PEPFAR VAST Coordinator, who oversees PEPFAR-funded projects within Peace Corps, will train PCVs and their counterparts in project design and management and project proposal writing and will be responsible for the initial screening of proposals, monitoring project implementation, reporting on project results, and liaising with the Task Force. Lastly, the driver will support the logistical needs for conducting the workshops and conducting monitoring field visits to VAST recipients.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 7506

Related Activity: 13925, 13926, 13927, 13928, 14514, 14515, 14516

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22664	6367.22664.09	Peace Corps	US Peace Corps	9750	1071.09		$220,000
7506	6367.07	Peace Corps	US Peace Corps	4445	1071.07		$28,700
6367	6367.06	Peace Corps	US Peace Corps	2712	1071.06		$66,067

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13925	3797.08	6655	1071.08		US Peace Corps	$290,000
13926	3106.08	6655	1071.08		US Peace Corps	$150,000
13927	3107.08	6655	1071.08		US Peace Corps	$290,000
13928	3798.08	6655	1071.08		US Peace Corps	$20,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1070.08

Mechanism: Management (Base)

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: 3104.08

Planned Funds: $4,818,000

Activity System ID: 13940

Activity Narrative: These funds partially support the management and staffing expenses of the HHS/CDC/South Africa office. The funds will cover ongoing and new staffing needs to provide technical, financial and contractual oversight of over 52 CDC partners implementing the PEPFAR program in South Africa. The total management and staffing budget for CDC is divided between GHAI and base so these funds represent almost half of the management and staffing budget. Within the total budget, the cost of ICASS is estimated at $538,235 and Capital Security Sharing is estimated at $235,537. In FY 2007, the HHS/CDC/South Africa office was responsible for the obligation of over $140,000,000 in PEPFAR funding. In FY 2008, this amount will increase to over $220,000,000. CDC staff also has oversight responsibility for almost $30,000,000 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include program monitoring, design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with OGAC technical guidance; and working closely with in-country and international partners to assure synergy and avoid duplication. Staff participate actively in the Inter-Agency Task Force to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participate in Technical Working Groups (TWG) of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities. Staff is also regularly tasked to participate in ad hoc working groups to address specific issues as they arise.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8057

Related Activity: 14494, 14495, 14496, 14498, 14499

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22712	3104.22712.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9771	1070.09	Management (Base)	$4,818,000
8057	3104.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4682	1070.07	Management (Base)	$4,818,000
3104	3104.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	2711	1070.06	Management/Staffing - HHS/CDC	$4,068,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1235.08

Mechanism: Small Grants Fund

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 8481.08

Planned Funds: $246,613

Activity System ID: 13923

Activity Narrative: PEPFAR funded positions: The Small Grants Program in South Africa will use PEPFAR funds to continue to support South Africa's most promising small community and faith-based organizations (CBOs and FBOs) making significant contributions to the fight against HIV and AIDS. The organizations will receive grants in the amount of $10,000 and will enter a one-year contract with the USG. Major emphasis areas are commodity procurement and human resources. The activities target PLHIV and their families and caregivers, community volunteers, CBOs and FBOs.

The Small Grants Program is managed in four locations: Embassy in Pretoria, Cape Town Consulate, Durban Consulate, and Johannesburg Consulate. Currently Cape Town, Durban and Johannesburg Consulates have half-time positions and Pretoria has had a full-time person (Embassy Small Grants Coordinator) since November 2006. Due to the increase in program funding and administration, Cape Town, Durban and Johannesburg Consulates will increase staffing hours so that there will be full-time positions at each location.

The Embassy Small Grants Coordinator is responsible for administering grants in a particular geographic region and responsible for overall program coordination. This person is the liaison for the program to key stakeholders at the State Department, CDC and USAID. The positions at the Consulate are each responsible for administering grants in a particular geographic region. They report to the Consul General.

Non-PEPFAR funded positions: The POL Officer at the Embassy is the Grant Officer and facilitates the legal and technical matters with the grant agreements. This person oversees the overall management of the program. An FSN, POL Assistant, works in Pretoria to assist with the grants. Fifty percent of his time is devoted to helping manage this program. The POL Office Assistant provides some administrative support to this program. This person spends approximately 15% of her time in this role.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8481

Related Activity: 13921, 13922, 14507, 14508, 14509

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22669	8481.22669.09	Department of State / African Affairs	US Department of State	9753	1235.09	Community Grants	$310,000
8481	8481.07	Department of State / African Affairs	US Department of State	4433	1235.07	Small Grants Fund	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13921	3117.08	6653	1235.08	Small Grants Fund	US Department of State	$300,000
13922	3118.08	6653	1235.08	Small Grants Fund	US Department of State	$1,000,000
14507	14507.08	9386	9386.08	ICASS	US Department of State	$53,387

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7285.08
Mechanism: N/A
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 15885.08
Planned Funds: $904,744
Activity System ID: 15885
Activity Narrative: The CDC has contracted with Comforce to support five staff persons. The budget includes salaries, travel, training, work permits and other benefits for non-personal service contractors providing direct technical support for activities and programs being funded through PEPFAR. These staff include: one Palliative Care Advisor; the Strategic Information Advisor; a Laboratory Advisor; and two consultants working with the National Institute for Communicable Diseases on the Field Epidemiology and Laboratory Training Program.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 429.08
Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15882.08

Planned Funds: $538,235

Activity System ID: 15882

Activity Narrative: The CDC requests funds for ongoing International Cooperative Administrative Support Services (ICASS) costs that include a mandatory staffing head-tax, operational support, information systems, finance, personnel and building operating expenses that are obtained from the Department of State (the service provider for these services at post).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 429.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15883.08

Planned Funds: $235,537

Activity System ID: 15883

Activity Narrative: The CDC requests these funds for Capital Security Cost Sharing that include a mandatory staffing head-tax charged by the Department of State to the agency.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 429.08

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14337.08

Planned Funds: $4,322,902

Activity System ID: 14337

Activity Narrative: These funds partially support the management and staffing expenses of the HHS/CDC/South Africa office. The funds will cover ongoing and new staffing needs to provide technical, financial and contractual oversight of over 52 CDC partners implementing the PEPFAR program in South Africa. The total management and staffing budget for CDC is approximately $11,000,000. Of this, just over half is charged to GHAI and the remainder is charged to the CDC/GAP base budget. Within the total budget, the cost of ICASS is estimated at $538,235 and Capital Security Sharing is estimated at $235,537. In FY 2007, the HHS/CDC/South Africa office was responsible for the obligation of about over $140,000,000 in PEPFAR funding. In FY 2008, this amount will increase to roughly over $220,000,000. CDC staff also has oversight responsibility for al most $30,000,000 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include monitoring design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with OGAC technical guidance; and working closely with in-country and international partners to assure synergy and avoid duplication. Staff participate actively in the Inter-Agency Task Force to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participate in Technical Working Groups (TWG) of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities. Staff is also regularly tasked to participate in ad hoc working groups to address specific issues as they arise.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1401.08

Mechanism: Management 1

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14490.08

Planned Funds: $120,000

Activity System ID: 14490

Activity Narrative: These funds will support ICASS charges. It is estimated that USAID will pay $120,000 in FY 2008 in ICASS charges for PEPFAR-funded staff.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13914, 13915, 13918, 14488, 14489, 14491, 13916, 13917

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1402.08 **Mechanism:** Emergency Plan Secretariat

Prime Partner: US Department of Health and Human Services **USG Agency:** HHS/Office of the Secretary

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Area Code:** 15

Activity ID: 14504.08 **Planned Funds:** $58,882

Activity System ID: 14504

Activity Narrative: The Secretariat requests funds for International Cooperative Administrative Support Services (ICASS) subscription of services including Standard, General Services, Information Management, Financial Management Services, Personnel Services and Building operating expenses.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14505, 14506, 13920

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13920	3121.08	6652	1402.08	Emergency Plan Secretariat	US Department of Health and Human Services	$962,418

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9386.08 **Mechanism:** ICASS

Prime Partner: US Department of State **USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14507.08

Planned Funds: $53,387

Activity System ID: 14507

Activity Narrative: Small Grants requests funds for ongoing International Cooperative Administrative Support Services (ICASS) in the amount of $81,633. Costs include: Operational Support, Information Management Technical Support, General Services – procurement & travel, Information Management, Financial Management Services, Personnel Services and BOE Expenses. Small Grants operations are spread throughout the following locations: Embassy (Pretoria), Durban Consulate, Cape Town Consulate, and Johannesburg Consulate.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13921, 13922, 14508, 14509, 13923

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13921	3117.08	6653	1235.08	Small Grants Fund	US Department of State	$300,000
13922	3118.08	6653	1235.08	Small Grants Fund	US Department of State	$1,000,000
13923	8481.08	6653	1235.08	Small Grants Fund	US Department of State	$246,613

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1401.08

Mechanism: Management 1

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14488.08

Planned Funds: $135,000

Activity System ID: 14488

Activity Narrative: These funds will support IRM costs. It is estimated that USAID will pay $135,000 in FY 2008 in IRM tax for PEPFAR-funded staff.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13914, 13915, 13918, 14490, 14489, 14491, 13916, 13917

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14489	14489.08	6650	1401.08	Management 1	US Agency for International Development	$400,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1401.08
Mechanism: Management 1
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 14489.08
Planned Funds: $400,000
Activity System ID: 14489
Activity Narrative: USAID will provide funding to the centrally-managed agreement with IAP Worldwide to support two staff persons. The budget includes salaries and benefits, and travel. Local support costs, such as housing and school, are paid directly by USAID/South Africa. These staff include: Palliative Care Advisor and the Strategic Information Advisor.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 13914, 13915, 13918, 14490, 14488, 14491, 13916, 13917

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13914	12255.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13915	12324.08	6650	1401.08	Management 1	US Agency for International Development	$194,000
13918	13918.08	6650	1401.08	Management 1	US Agency for International Development	$200,000
14490	14490.08	6650	1401.08	Management 1	US Agency for International Development	$120,000
14488	14488.08	6650	1401.08	Management 1	US Agency for International Development	$135,000
13916	3120.08	6650	1401.08	Management 1	US Agency for International Development	$9,123,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 2931.08
Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 14500.08
Planned Funds: $175,000
Activity System ID: 14500
Activity Narrative: The Office of Defense Cooperation (ODC), US Department of Defense (DOD), provides administrative support for Masibambisane which is the South African Defense Force's HIV and AIDS program for the military. Support includes salaries for two positions 1) a full-time program manager; and 2) a full-time activity manager. In addition to the staff, funding is allocated for 1) program travel expenses; 2) office rental at ODC; and 3) ICASS charges. The total DOD budget for staffing and associated management costs for FY 2008 is $300,000.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 14502, 14501, 13944

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14501	14501.08	6663	2931.08		US Department of Defense	$125,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 2931.08
Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 14501.08
Planned Funds: $125,000
Activity System ID: 14501
Activity Narrative: DoD requests funds for ongoing ICASS costs and is subscribed to the following Cost Centre Services: Management Cost Centre, General services, Information Services, Financial Management Services and Personnel services. The ICASS charges are mainly for Procurement services, Vouchering and Cashiering. These are full service level subscribed. With regards to Personnel services, DoD is only subscribed to Locally Engaged Staff Services. These services are obtained from the Department of State (the service provider at post).
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 14502, 14500, 13944

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14500	14500.08	6663	2931.08		US Department of Defense	$175,000

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	X	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	X	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?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			7/1/2008	
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?	**X**	**Yes**		**No**

Other Significant Data Collection Activities

Name: National HIV and AIDS Communication Survey

Brief Description of the data collection activity:

The Second National HIV and AIDS Communication Survey will provide more in-depth information about the communication environment, impact of communication interventions both generally and specifically. No other survey captures as much information which is extremely valuable in informing both the SA Government's communication programmes and individual communication interventions of NGOs, CBOs and FBOs. The findings are disseminated through a series of workshops to more than 500 key stakeholders throughout the country. The survey is a collaborative effort between the SAG, JHU/CCP and Soul City (funded by PEPFAR) and other key communication projects. Please refer to the JHU/CCP COP under SI for further details.

Preliminary Data Available:

12:00:00 AM

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
08 Peace Corps Volunteer Matrix.xls	application/vnd.ms-excel	9/5/2007	South Africa Peace Corps Volunteer Matrix	Other	MMcLeod
Small Grants Org Chart.pdf	application/pdf	9/17/2007	Agency Management Chart: Small Grants	Other	MMcLeod
New Implementing Mechanism-AED IIP Health.doc	application/msword	9/19/2007	FY 2007 Operational Plan South Africa TB: New Implementing Mechanism-AED	Other	MMcLeod
Global Fund Supplemental.doc	application/msword	9/14/2007		Global Fund Supplemental*	SPillay

MC FY08 Supplemental SA.xls	application/vnd.ms-excel	9/16/2007	Male Circumcision Supplemental South Africa	Other	MMcLeod
CDC Orgchart2.xls	application/vnd.ms-excel	9/16/2007	Agency Management Chart: CDC	Other	MMcLeod
USAID Agency Management Chart final.doc	application/msword	9/16/2007	Agency Management Chart: USAID	Other	MMcLeod
DOD Management Chart.pdf	application/pdf	9/16/2007	Agency Management Chart: DOD	Other	MMcLeod
PEPFAR Secretariat.pdf	application/pdf	9/16/2007	Agency Management Chart: PEPFAR Secretariat	Other	MMcLeod
FY 2007 Operational Plan South Africa TB.pdf	application/pdf	9/19/2007	FY 2007 Operational Plan South Africa TB	Other	MMcLeod
Modifications to Implementing Mechanism-WHO IIP Health.doc	application/msword	9/19/2007	FY 2007 Operational Plan South Africa TB: Modifications to Implementing Mechanism - WHO	Other	MMcLeod
OVC Budgetary Requirement Justification.doc	application/msword	9/24/2007		Justification for OVC Budgetary Requirements	Heidi
COP 08 budget Sept 21 (3).xls	application/vnd.ms-excel	9/24/2007	Detailed FY 2008 PEPFAR Budget, South Africa	Other	Heidi
COP 08 PAS Organo Chart.doc	application/msword	9/16/2007	Agency Management Chart: Public Affairs	Other	MMcLeod
2 Peace Corps Org Chart.doc	application/msword	9/16/2007	Agency Management Chart: Peace Corps	Other	MMcLeod
FY 2009 FUNDING PLANNED ACTIVITIES.doc	application/msword	9/20/2007		Fiscal Year 2009 Funding Planned Activities*	MMcLeod
Treatment Budgetary Requirement Justification South Africa 2008-9-27.doc	application/msword	9/27/2007		Justification for Treatment Budgetary Requirements	SPillay
Five-Year Strategy Update South Africa 2008-9-27.doc	application/msword	9/27/2007		Other	SPillay
Explanation of Targets Revised.doc	application/msword	10/19/2007		Explanation of Targets Calculations*	Heidi
FY 2008 South Africa BRW with corrected OVC formula.xls	application/vnd.ms-excel	10/19/2007		Budgetary Requirements Worksheet*	Heidi
AB Budgetary Requirement Justification.doc	application/msword	10/19/2007		Justification for AB Budgetary Requirements	Heidi
CN South Africa.doc	application/msword	10/19/2007		Other	Heidi
SA Letter to the Ambassador.pdf	application/pdf	10/23/2007		Ambassador Letter	akendall
2007-12-10_Revised_S Africa_Human Capacity Development Table.xls	application/vnd.ms-excel	12/11/2007	Human Capacity Development Table - SA	Other	MLee
Functional Staffing Chart SA.pdf	application/pdf	1/8/2008	Functional Staffing Chart SA - re-uploaded 1/8/08 after accidentally deleting. MMcLeod	Other	MMcLeod